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**2020** 

OMB No. 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For                                   | caler     | ndar year 2020, or tax year beginning 04-01-20  | )20 , aı                | nd ending 03-31-       | 2021  |                                  |
|---------------------------------------|-----------|---|-------------------------|------------------------|---|----------------------------------|
|                                       |           | Indation<br>TERN NEW YORK FOUNDATION  |                         | , ,                    | entification numbe                            | er                               |
|                                       |           |   |                         | 16-0845962             |   |                                  |
|                                       |           | d street (or P.O. box number if mail is not delivered to street address)<br>IN STREET NO 464            | Room/suite              | <b>B</b> Telephone nu  | mber (see instructio                          | ns)                              |
|                                       |           |   | (716) 839-4225          | i<br>                  |   |                                  |
|                                       |           | n, state or province, country, and ZIP or foreign postal code<br>IY 14214                               | <b>C</b> If exemption   | application is pendin  | ig, check here                                |                                  |
| <b>G</b> (                            | neck al   | I that apply:     Initial return     Initial return of a  | former public charity   | <b>D 1.</b> Foreign or | ganizations, check he                         | ere                              |
| • .                                   | reek ar   | Final return Amended return   | Torritor public charley |                        | ganizations meeting                           | ▶ ⊔                              |
|                                       |           | Address change Name change  |                         | test, chec             | k here and attach co                          | mputation 🕨 🔲                    |
| H C                                   | neck ty   | pe of organization: Section 501(c)(3) exempt private  | foundation              |                        | undation status was f<br>n 507(b)(1)(A), chec |                                  |
|                                       | Section   | 1 4947(a)(1) nonexempt charitable trust   | e private foundation    |                        |   |                                  |
|                                       |           |   | ☑ Cash ☐ Accru          |                        | ation is in a 60-mont                         |                                  |
|                                       |           | from Part II, col. (c),  ▶\$ 22,275,214  Other (specify)  | 1                       | under section          | n 507(b)(1)(B), chec                          | ck nere                          |
|                                       |           | (Part I, column (d) must  | be on cash basis.)      |                        |   |                                  |
| Pa                                    | rt I      | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily | (a) Revenue and         | (b) Net investment     | (c) Adjusted net                              | (d) Disbursements for charitable |
|                                       |           | equal the amounts in column (a) (see instructions).)  | expenses per<br>books   | income                 | income  | purposes<br>(cash basis only)    |
|                                       | 1         | Contributions, gifts, grants, etc., received (attach  |                         |                        |   | (,                               |
|                                       |           | schedule)   | 41,600                  |                        |   |                                  |
|                                       | 2         | Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B                                     |                         |                        |   |                                  |
|                                       | 3         | Interest on savings and temporary cash investments  |                         |                        |   |                                  |
|                                       | 4         | Dividends and interest from securities  | 315,838                 | 315,838                |   |                                  |
|                                       | 5a        | Gross rents   |                         |                        |   |                                  |
|                                       | b         | Net rental income or (loss)   |                         |                        |   |                                  |
| Ĕ                                     | 6a<br>  . | Net gain or (loss) from sale of assets not on line 10   | 796,967                 |                        |   |                                  |
| Revenue                               | b         | Gross sales price for all assets on line 6a<br>1,368,440  |                         |                        |   |                                  |
| æ                                     | 7         | Capital gain net income (from Part IV, line 2)  |                         | 796,967                |   |                                  |
|                                       | 8         | Net short-term capital gain   |                         |                        |   |                                  |
|                                       | 9         | Income modifications  |                         |                        |   |                                  |
|                                       | 10a       | Gross sales less returns and allowances   |                         |                        |   |                                  |
|                                       | b         | Less: Cost of goods sold  |                         |                        |   |                                  |
|                                       | C         | Other income (attach schedule)  | <b>%</b> 325            | 0                      |   |                                  |
|                                       | 11        |   | 325<br>1,154,730        |                        |   |                                  |
|                                       | 13        | Total. Add lines 1 through 11   | 1,134,730               |                        |   | 131,191                          |
|                                       | 14        | Other employee salaries and wages   | 67,350                  |                        |   | 66,676                           |
| S                                     | 15        | Pension plans, employee benefits  | 41,755                  |                        |   | 39,668                           |
| ıse                                   | 16a       | Legal fees (attach schedule)  |                         | ,                      |   | ,                                |
| <u>B</u>                              | b         | Accounting fees (attach schedule)   | 4,965                   | 1,241                  |   | 3,724                            |
| Operating and Administrative Expenses | c         | Other professional fees (attach schedule)   | 31,848                  | 31,286                 |   | 562                              |
| tive                                  | 17        | Interest  |                         |                        |   |                                  |
| stra                                  | 18        | Taxes (attach schedule) (see instructions)  | 2,750                   | 0                      |   | 0                                |
| ini                                   | 19        | Depreciation (attach schedule) and depletion  |                         |                        |   |                                  |
| <b>e</b>                              | 20        | Occupancy   | 16,423                  | 0                      |   | 16,423                           |
| ΨÞ                                    | 21        | Travel, conferences, and meetings   |                         |                        |   |                                  |
| an                                    | 22        | Printing and publications   | 06.1                    |                        |   |                                  |
| jug                                   | 23        | Other expenses (attach schedule)  | 10,559                  | 0                      |   | 10,562                           |
| erat                                  | 24        | Total operating and administrative expenses.  | 212 746                 | 42.102                 |   | 360 900                          |
| ă                                     | 25        | Add lines 13 through 23   | 313,746<br>1,374,892    |                        |   | 268,806<br>1,374,892             |
|                                       | 26        | Total expenses and disbursements. Add lines 24 and  | 1,374,092               |                        |   | 2,374,092                        |
|                                       |           | 25  | 1,688,638               | 42,193                 |   | 1,643,698                        |
|                                       | 27        | Subtract line 26 from line 12:  |                         |                        |   |                                  |
|                                       | а         | Excess of revenue over expenses and disbursements   | -533,908                |                        |   |                                  |
|                                       | b         | Net investment income (if negative, enter -0-)  |                         | 1,070,612              |   |                                  |
|                                       | С         | Adjusted net income (if negative, enter -0-)  |                         |                        |   |                                  |
| For                                   | Paper     | work Reduction Act Notice, see instructions.  |                         | Cat. No. 11289         | ( For   | rm <b>990-PF</b> (2020)          |

| Form 990           | )-PF (2020)          |  |                                  |                             | Page <b>2</b>                   |
|--------------------|----------------------|--|----------------------------------|-----------------------------|---------------------------------|
| Part II            | Balance Sheets       | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year (a) Book Value | End o <b>(b)</b> Book Value | f year<br>(c) Fair Market Value |
| 1                  | Cash—non-interest    |  | 4,319                            | 162,023                     |                                 |
| 2                  | Savings and tempo    | orary cash investments   | 508,057                          | 237,293                     | 237,293                         |
| 3                  | Accounts receivable  | e <b>&gt;</b>  |                                  |                             | <u> </u>                        |
|                    |                      | doubtful accounts  |                                  |                             |                                 |
| 4                  |                      | <b>▶</b>   |                                  |                             |                                 |
|                    |                      | doubtful accounts  |                                  |                             |                                 |
| 5                  |                      | <del></del>  |                                  |                             |                                 |
| 6                  |                      | om officers, directors, trustees, and other  |                                  |                             |                                 |
|                    |                      | s (attach schedule) (see instructions)   |                                  |                             |                                 |
| 7                  | •                    | ans receivable (attach schedule) ▶   |                                  |                             | _                               |
|                    |                      | doubtful accounts >  |                                  |                             |                                 |
| ه ا <sub>مر</sub>  |                      |  |                                  |                             |                                 |
| 9                  |                      | and deferred charges   | 3,720                            |                             |                                 |
| Assets<br>9<br>10a |                      | and state government obligations (attach schedule)   | <u>'</u>                         |                             |                                 |
| b                  |                      | orate stock (attach schedule)  | 14,272,020                       | 21,175,160                  | 21,175,160                      |
| "                  | •                    | orate bonds (attach schedule)  | - 1,-1 -, ]                      |                             |                                 |
| 11                 |                      | , buildings, and equipment: basis  |                                  |                             |                                 |
|                    | ·                    | depreciation (attach schedule) ►   |                                  |                             |                                 |
| 12                 |                      | rgage loans  |                                  |                             |                                 |
| 13                 |                      | r (attach schedule)  | 550,327                          | <b>⅓</b> 700,738            | 700,738                         |
| 14                 |                      | d equipment: basis ►   | 350,527                          | , , , , , , , ,             | ,,,,,,                          |
|                    |                      | depreciation (attach schedule)   |                                  |                             |                                 |
| 15                 |                      | ribe   |                                  |                             |                                 |
| 16                 | •                    | e completed by all filers—see the  |                                  |                             |                                 |
| 10                 | •                    | see page 1, item I)  | 15,338,443                       | 22,275,214                  | 22,275,214                      |
|                    |                      |  | 13,330,113                       | 22,273,211                  |                                 |
| 17                 |                      | and accrued expenses   |                                  |                             |                                 |
| S 18               |                      |  |                                  |                             |                                 |
| 19 20 21 21        |                      | directors, trustees, and other disqualified persons  |                                  |                             |                                 |
|                    |                      | er notes payable (attach schedule)   |                                  |                             |                                 |
| E   21             |                      | escribe ————————————————————————————————————   |                                  |                             |                                 |
| 22                 |                      | · •  | 0                                | 0                           |                                 |
| 23                 | Total Habilities (ad | dd lines 17 through 22)  | 0                                |                             |                                 |
| es                 |                      | follow FASB ASC 958, check here 🕨 📙  |                                  |                             |                                 |
| 을                  |                      | es 24, 25, 29 and 30.  |                                  |                             |                                 |
| [ 24               |                      | donor restrictions   |                                  |                             |                                 |
| 는 25<br>-          | Net assets with dor  | nor restrictions   |                                  |                             |                                 |
| or Fund Balance    | Foundations that     | do not follow FASB ASC 958, check here 🕨 🗹   |                                  |                             |                                 |
| בַ                 | and complete line    | es 26 through 30.  |                                  |                             |                                 |
|                    | Capital stock, trust | principal, or current funds  | 0                                | 0                           |                                 |
| Assets 28 28 28    | Paid-in or capital s | urplus, or land, bldg., and equipment fund   | 0                                | 0                           |                                 |
| <b>≨</b> 28        | Retained earnings,   | accumulated income, endowment, or other funds  | 15,338,443                       | 22,275,214                  |                                 |
| 절<br>29            | Total net assets o   | or fund balances (see instructions)  | 15,338,443                       | 22,275,214                  |                                 |
| <b>2</b> 30        | Total liabilities a  | nd net assets/fund balances (see instructions) .   | 15,338,443                       | 22,275,214                  |                                 |
| Part II            | Analysis of Ch       | nanges in Net Assets or Fund Balances  |                                  |                             |                                 |
|                    |                      | balances at beginning of year—Part II, column (a), line  | 29 (must agree with e            |                             | 45.226.112                      |
|                    |                      | on prior year's return)  |                                  | . 1                         | 15,338,443                      |
|                    | ter amount from Part |  | AB 1                             | . 2                         | -533,908                        |
|                    |                      | uded in line 2 (itemize) ▶   |                                  | . 4                         | 7,474,399                       |
| _                  |                      | n line 2 (itemize) ▶   |                                  | 5                           | 22,278,934<br>3,720             |
|                    |                      | balances at end of year (line 4 minus line 5)—Part II, o   |                                  | . 6                         | 22,275,214                      |
|                    |                      |  | (2)/ mie 25                      |                             | form <b>990-PF</b> (2020)       |

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|  | ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 sha | (b) How acquired P—Purchase D—Donation                | (c) Date acquired (mo., day, yr.)          | (d) Date sold (mo., day, yr.)                    |  |
|--|---|---|--|--|--|
| <b>1a</b> See Additional Data Tabl             | e   |   |  |  |  |
| b  |   |   |  |  |  |
| С  |   |   |  |  |  |
| d  |   |   |  |  |  |
| e  |   |   |  |  |  |
| (e)<br>Gross sales price                       | <b>(f)</b><br>Depreciation allowed<br>(or allowable)                      | Cost or   | (g)<br>other basis<br>ense of sale         | Gain ò   | h)<br>r (loss)<br>) minus (g)                            |
| a See Additional Data Tabl                     | e   |   |  |  |  |
| b  |   |   |  |  |  |
| c  |   |   |  |  |  |
| d  |   |   |  |  |  |
| e  |   |   |  |  |  |
|  |   |   |  |  |  |
| Complete only for assets                       | s showing gain in column (h) and ow                                       | ned by the foundation                                 | on 12/31/69                                |  | I)   |
| <b>(i)</b><br>F.M.V. as of 12/31/69            | (j)<br>Adjusted basis<br>as of 12/31/69                                   | Excess  | <b>(k)</b><br>of col. (i)<br>. (j), if any | col. (k), but not                                | h) gain minus<br>less than -0-) <b>or</b><br>om col.(h)) |
| a See Additional Data Tabl                     | e   |   |  |  |  |
| b  |   |   |  |  |  |
| c  |   |   |  |  |  |
| d  |   |   |  |  |  |
| e  |   |   |  |  |  |
|  |   |   |  |  |  |
| 2 Capital gain net income                      | e or (net capital loss)   | If gain, also enter in P<br>If (loss), enter -0- in F |  | 2  | 796,967  |
| 3 Net short-term capital                       | gain or (loss) as defined in sections                                     | 1222(5) and (6):                                      |  |  |  |
| If gain, also enter in Pa<br>in Part I, line 8 | rt I, line 8, column (c) (see instructi                                   | ons). If (loss), enter -0                             | · }  | 3  |  |
| Part V Qualification                           | Under Section 4940(e) for Re  | educed Tax on Net                                     | Investment In                              | come   |  |
| SECTION 4940(e) REPEA                          | LED ON DECEMBER 20, 2019  | - DO NOT COMPLI                                       | ETE  |  |  |
| 1 Reserved                                     |   |   |  |  |  |
| (a)<br>Reserved                                | (b)<br>Reserved   | <b>(c)</b><br>Reserved                                |  | <b>(d)</b><br>Reserved                           |  |
|  |   |   |  |  |  |
|  |   |   |  |  |  |
|  |   |   |  |  | -  |
|  |   |   |  |  |  |
| <b>2</b> Reserved                              |   |   | 2  |  |  |
| <b>3</b> Reserved                              |   |   | 3  |  |  |
|  |   |   | <u> </u>                                   | i  |  |
|  |   |   | 5  | <del>                                     </del> |  |
|  |   |   |  | <u> </u><br>                                     |  |
|  |   |   | <u>6</u>                                   | <u> </u>   |  |
| <b>7</b> Reserved                              |   |   | · · · · <u>  7</u>                         | <u> </u>   |  |
| 8 Reserved ,                                   |   |   | 8  | <u> </u>   |  |

|      |   |  |                                      |  |               |                 | <u>'</u> | age v    |
|------|---|--|--------------------------------------|--|---------------|-----------------|----------|----------|
| Par  |   | ling Activities for Which                  | Form 4720 May Be                     | Required (continued                            | 1)            |                 |          |          |
| ia   | During the year did the foundation  |  |                                      |  |               |                 | Yes      | No       |
|      | (1) Carry on propaganda, or otherv  | vise attempt to influence legisl           | ation (section 4945(e))?             | Yes  | ✓ No          | ,               |          |          |
|      | (2) Influence the outcome of any specific public election (see section 4955); or to carry |  |                                      |  |               |                 |          |          |
|      | on, directly or indirectly, any voter registration drive?                                 |  |                                      |  |               | ,               |          |          |
|      | (3) Provide a grant to an individual for travel, study, or other similar purposes?        |  |                                      |  |               |                 |          |          |
|      | (4) Provide a grant to an organization  | ion other than a charitable, etc           | c., organization described           |  |               |                 |          |          |
|      | in section 4945(d)(4)(A)? See i   | nstructions                                |                                      | · · 🗌 Yes                                      | ✓ No          | ,               |          |          |
|      | (5) Provide for any purpose other t   | han religious, charitable, scien           | tific, literary, or                  |  |               |                 |          |          |
|      | educational purposes, or for the  | prevention of cruelty to child             | ren or animals?                      | · ·  | ✓ N           |                 |          |          |
| b    | If any answer is "Yes" to $5a(1)-(5)$ ,   | did <b>any</b> of the transactions fa      | ail to qualify under the ex          | ceptions described in                          |               | <b>´</b>        |          |          |
|      | Regulations section 53.4945 or in a   | current notice regarding disas             | ter assistance? See instr            | ructions                                       |               | 5b              |          |          |
|      | Organizations relying on a current r  | otice regarding disaster assist            | ance check here                      |  |               |                 |          |          |
| C    | If the answer is "Yes" to question 5  | a(4), does the foundation clair            | n exemption from the                 |  |               |                 |          |          |
|      | tax because it maintained expenditu   | ure responsibility for the grant           | ?                                    | · · 🔲 Yes                                      | □ No          |                 |          |          |
|      | If "Yes," attach the statement requi  | red by Regulations section 53.             | 4945-5(d).                           | □ 1es  |               | '               |          |          |
| a    | Did the foundation, during the year,  | , receive any funds, directly or           | indirectly, to pay premi             | ums on   |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
| b    | Did the foundation, during the year,  | , pay premiums, directly or inc            | lirectly, on a personal be           |  | . <b>✓</b> No | 6b              |          | No       |
|      | If "Yes" to 6b, file Form 8870.   | , , ,                                      | ,, 1                                 |  |               |                 |          |          |
| 'a   | At any time during the tax year, wa   | s the foundation a party to a r            | prohibited tax shelter tra           | nsaction?                                      |               |                 |          |          |
|      | If "Yes", did the foundation receive  |  |                                      | ∟ res  | ✓ No          | 7b              |          |          |
|      | Is the foundation subject to the sec  |  |                                      |  | •             | 1.5             |          |          |
|      | excess parachute payment during the   | , , , ,                                    |                                      |  |               |                 |          |          |
|      |   | <u> </u>                                   |                                      |  | ✓ No          |                 | <u> </u> | <u> </u> |
| Par  | and Contractors   | Officers, Directors, Trust                 | tees, Foundation Ma                  | anagers, Hignly Paid                           | I Emp         | ioyees,         |          |          |
|      |   |  |                                      |  |               |                 |          |          |
| 1    | List all officers, directors, truste  |  |                                      |  |               |                 |          |          |
|      | (a) Name and address  | (b) Title, and average hours per week      | (c) Compensation (If not paid, enter | (d) Contributions to<br>employee benefit plans |               | <b>e)</b> Expen |          |          |
|      | . ,   | devoted to position                        | · -0-)                               | deferred compensatio                           |               | other al        | llowand  | ces      |
| ee A | Additional Data Table   |  |                                      |  |               |                 |          |          |
|      |   | ]  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   | 1  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   | 1  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   | 1  |                                      |  |               |                 |          |          |
| 2    | Compensation of five highest-pa   | id employees (other than t                 | hose included on line :              | 1—see instructions). If                        | none,         | enter "         | NONE     | ."       |
|      |   |  |                                      | (d) Contributions to                           |               |                 |          |          |
| a) [ | Name and address of each employee   | paid (b) Title, and average hours per week | (c) Compensation                     | employee benefit                               |               | ) Expens        |          |          |
|      | more than \$50,000  | devoted to position                        | (c) compensation                     | plans and deferred compensation                |               | other all       | owanc    | es       |
| ONE  | =   |  |                                      | Compensation                                   |               |                 |          |          |
| ONE  | =   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
|      |   |  |                                      |  |               |                 |          |          |
| ota  | I number of other employees paid ov   | er \$50,000 <b></b>                        | <del></del>                          |  |               |                 |          | - (      |
|      |   |  |                                      |  | F             | orm <b>99</b> 0 | N-DE     | (2020    |

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|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)  | Employees,       |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No   | ONE".            |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service  | (c) Compensation |
| NONE   |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
| Total number of others receiving over \$50,000 for professional services   | 0                |
| Part IX-A Summary of Direct Charitable Activities  |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses         |
| 1  |                  |
|  |                  |
|  |                  |
| 2  |                  |
|  |                  |
| 3  |                  |
|  |                  |
|  |                  |
| 4  |                  |
|  |                  |
| Part IX-B Summary of Program-Related Investments (see instructions)  |                  |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  | Amount           |
| 1  |                  |
|  |                  |
| 2  |                  |
|  |                  |
|  |                  |
| All other program-related investments. See instructions.   |                  |
| 3  | 4                |
|  | $\dashv$         |
| Total. Add lines 1 through 3   | 0                |
|  | 5 000 DE (2020)  |

1a

1b

2

3a 3b

4

5

1,643,698

1,643,698

1,643,698

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Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

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951,077

951,077

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| ı | P | art XIII     | Undistr     |
|---|---|--------------|-------------|
|   |   |              |             |
|   | 1 | Distributabl | e amount fo |

a Enter amount for 2019 only. **b** Total for prior years:

a From 2015. . . . .

e From 2019. . . . .

**b** From 2016. . . . c From 2017. .

d From 2018. . . .

| 011 | 11 330 11 (202 | ,  |               |
|-----|----------------|--|---------------|
| Р   | art XIII       | tions)                                   |               |
|     |                |  | (a)<br>Corpus |
| 1   | Distributable  | amount for 2020 from Part XI, line 7     |               |
| 2   | Undistribute   | d income, if any, as of the end of 2020: |               |

20\_

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2015 not

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9: a Excess from 2016.

**b** Excess from 2017. .

c Excess from 2018. .

d Excess from 2019. . e Excess from 2020. .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,643,698 a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . .

| from Part XI, line 7   |   |  |  |  |  |
|------------------------|---|--|--|--|--|
| as of the end of 2020: | Г |  |  |  |  |
|                        |   |  |  |  |  |
| 20 20                  | Г |  |  |  |  |

25,945

7.792

7,792

104.370

79.022

692,621

104.370 79,022

217.129

692,621

909,750

25.945

883,805

(b)

Years prior to 2019

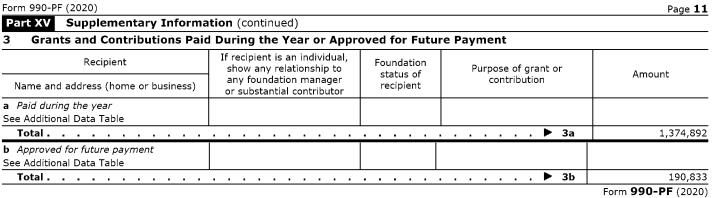
(c)

2019

| orr | m 990-PF (2020)   |                           |                        |                          |                     | Page <b>10</b> |
|-----|---|---------------------------|------------------------|--------------------------|---------------------|----------------|
| :   | Part XIV Private Operating Found  | <b>lations</b> (see instr | uctions and Part V     | 'II-A, question 9)       |                     |                |
| 1a  | If the foundation has received a ruling or de foundation, and the ruling is effective for 20  |                           |                        | rating                   |                     |                |
| b   | Check box to indicate whether the organizat   | ion is a private oper     | ating foundation des   | cribed in section $\Box$ | 4942(j)(3) or       | ] 4942(j)(5)   |
| 2a  | Enter the lesser of the adjusted net  | Tax year Prior 3 years    |                        |                          |                     | (e) Total      |
|     | income from Part I or the minimum investment return from Part X for each year listed  | (a) 2020                  | <b>(b)</b> 2019        | (c) 2018                 | (d) 2017            | (e) lotal      |
| b   | 85% of line 2a  |                           |                        |                          |                     |                |
| С   | Qualifying distributions from Part XII, line 4 for each year listed   |                           |                        |                          |                     |                |
| d   | Amounts included in line 2c not used directly for active conduct of exempt activities   |                           |                        |                          |                     |                |
|     | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                     |                           |                        |                          |                     |                |
| 3   | Complete 3a, b, or c for the alternative test relied upon:  |                           |                        |                          |                     |                |
| а   | "Assets" alternative test—enter:  |                           |                        |                          |                     |                |
|     | (1) Value of all assets   |                           |                        |                          |                     |                |
| b   | under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3 of minimum investment return shown in                                      |                           |                        |                          |                     |                |
| C   | Part X, line 6 for each year listed "Support" alternative test—enter:   |                           |                        |                          |                     |                |
|     | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |                           |                        |                          |                     |                |
|     | (2) Support from general public<br>and 5 or more exempt<br>organizations as provided in   |                           |                        |                          |                     |                |
|     | section 4942(j)(3)(B)(iii) (3) Largest amount of support  |                           |                        |                          |                     |                |
|     | from an exempt organization (4) Gross investment income   |                           |                        |                          |                     |                |
|     | Supplementary Information   | (Complete this            | nart only if the f     | l<br>foundation had s    | \$5 000 or more i   | <br>in         |
| Pa  | assets at any time during th  | e year—see inst           |                        |                          |                     |                |
| a   | List any managers of the foundation who have before the close of any tax year (but only if  | e contributed more        |                        |                          |                     | n              |
| b   | List any managers of the foundation who ow<br>ownership of a partnership or other entity)   |                           |                        |                          | arge portion of the |                |
| 2   | Information Regarding Contribution, Gr  | ant, Gift, Loan, Sc       | holarship, etc., Pro   | ograms:                  |                     |                |
|     | Check here ▶ ☐ if the foundation only mak<br>unsolicited requests for funds. If the founda<br>other conditions, complete items 2a, b, c, a        | tion makes gifts, gra     | ants, etc. to individu |                          |                     |                |
| a   | The name, address, and telephone number   | or e-mail address of      | the person to whom     | applications should      | be addressed:       |                |
|     | BETH K GOSCH<br>2495 MAIN STREET STE 464<br>BUFFALO, NY 14214<br>(716) 839-4225   |                           |                        |                          |                     |                |
| b   | The form in which applications should be su   |                           |                        | ney should include:      |                     |                |
| _   | SEE FOUNDATION'S WEBSITE - ELECTRONI  | C 20RMI22ION KEÓ          | OIKED                  |                          |                     |                |
| С   | Any submission deadlines: JUNE 30TH AND NOVEMBER 30TH   |                           |                        |                          |                     |                |
| d   | Any restrictions or limitations on awards, su   | ch as by geographic       | al areas, charitable f | fields, kinds of institu | itions, or other    |                |

factors:

SEE FOUNDATION'S WEBSITE



| Enter gross amounts unless otherwise indicated.  | Unrelated b                                    | usiness income       | Excluded by section               | n 512, 513, or 514    | (e)<br>Related or exempt               |
|--|--|----------------------|-----------------------------------|-----------------------|--|
| 1 Program service revenue:   | (a)<br>Business code                           | <b>(b)</b><br>Amount | (c)<br>Exclusion code             | <b>(d)</b><br>Amount  | function income<br>(See instructions.) |
| a  |  |                      |                                   |                       |  |
| b  |  |                      |                                   |                       |  |
| d  |  |                      |                                   |                       |  |
| e  |  |                      |                                   |                       |  |
| f  |  |                      |                                   |                       |  |
| <ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>  |  |                      |                                   |                       |  |
| 3 Interest on savings and temporary cash investments   |  |                      |                                   |                       |  |
| 4 Dividends and interest from securities   |  |                      | 14                                | 315,838               |  |
| <b>5</b> Net rental income or (loss) from real estate:   |  |                      |                                   |                       |  |
| <ul><li>a Debt-financed property.</li><li>b Not debt-financed property.</li><li>.</li></ul>  |  |                      |                                   |                       |  |
| 6 Net rental income or (loss) from personal property   | ,  |                      |                                   |                       |  |
| 7 Other investment income  |  |                      |                                   |                       |  |
| 8 Gain or (loss) from sales of assets other than   |  |                      |                                   |                       |  |
| inventory  |  |                      | 18                                | 796,967               |  |
| .0 Gross profit or (loss) from sales of inventory  |  |                      |                                   |                       |  |
| 1 Other revenue:   |  |                      |                                   |                       |  |
| a LITIGATION SETTLEMENTS   |  |                      | 18                                | 325                   |  |
| b  |  |                      |                                   |                       |  |
| d  |  |                      |                                   |                       |  |
|  |  |                      |                                   |                       |  |
| e  |  |                      |                                   |                       |  |
| e  |  | 0                    |                                   | 1,113,130             |  |
|  | culations.)                                    |                      |                                   | 1,113,130<br><b>3</b> | 1,113,130                              |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify call  | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,13                               |
| 2 Subtotal. Add columns (b), (d), and (e)  3 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify call part XVI-B  Relationship of Activities to the accomplishment of the foundation's   | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,130                              |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcolumns (b).  Part XVI-B  Relationship of Activities to the accomplishment of the foundation's                                 | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,13                               |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call  Part XVI-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,13                               |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call  Part XVI-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,130                              |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call  Part XVI-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,130                              |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcolumns (b).  Part XVI-B  Relationship of Activities to the accomplishment of the foundation's                                 | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,130                              |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call  Part XVI-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,130                              |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call  Part XVI-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,130                              |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcolumns (b).  Part XVI-B  Relationship of Activities to the accomplishment of the foundation's                                 | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,130                              |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcolumns (b).  Part XVI-B  Relationship of Activities to the accomplishment of the foundation's                                 | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,13                               |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call  Part XVI-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,13                               |
| 2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify call  Part XVI-B  Relationship of Activities to  Explain below how each activity for which the accomplishment of the foundation's | culations.) the Accomplish th income is report | nment of Exem        | pt Purposes f Part XVI-A contribu | 3                     | 1,113,13                               |

| =oı | rm 990-PF (2020)   |       | Pa  | ge <b>13</b> |
|-----|--|-------|-----|--------------|
|     | Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations  | able  |     |              |
| 1   | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |       | Yes | No           |
| а   | Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash   | 1a(1) |     | No           |
|     | · ·  | 1a(2) |     | No           |

| (1) C           | ash  |                   |                    |                       |                   |                           | . 1           | a(1)         | No   |
|-----------------|--|-------------------|--------------------|-----------------------|-------------------|---------------------------|---------------|--------------|------|
| (2) 0           | ther assets  |                   |                    |                       |                   |                           | . 1           | a(2)         | No   |
| <b>b</b> Other  | transactions:  |                   |                    |                       |                   |                           |               |              |      |
|                 | ales of assets to a nonchar  | itahle exemn      | t organization.    |                       |                   |                           | 11            | b(1)         | No   |
|                 | urchases of assets from a r  |                   | -                  |                       |                   |                           | _             | b(2)         | No   |
|                 |  |                   |                    |                       |                   |                           | _             | · ·          |      |
|                 | ental of facilities, equipmen  | *                 |                    |                       |                   |                           | _             | b(3)         | No   |
|                 | eimbursement arrangemer  |                   |                    |                       |                   |                           | _             | b(4)         | No   |
| (5) L           | oans or loan guarantees.   |                   |                    |                       |                   |                           | . 11          | b(5)         | No   |
| ( <b>6</b> ) Pe | rformance of services or m   | nembership o      | r fundraising soli | citations             |                   |                           | . 11          | b(6)         | No   |
| c Sharin        | g of facilities, equipment, r  | mailing lists,    | other assets, or   | paid employees.       |                   |                           | . $\Gamma$    | 1c           | No   |
| of the          | answer to any of the above<br>goods, other assets, or ser<br>transaction or sharing arra   | vices given b     | y the reporting f  | oundation. If the f   | foundation receiv | ed less than fair mar     | ket value     | ue           |      |
| (a) Line No     | . <b>(b)</b> Amount involved   | (c) Name of       | noncharitable exer | npt organization      | (d) Description o | f transfers, transactions | , and sharing | g arrangeme  | ents |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
| describ         | foundation directly or indirectly or indirec | r than section    | *                  | •                     |                   |                           | es 🔽 N        | No           |      |
|                 | (a) Name of organization   | on                | (b                 | ) Type of organizatio | n                 | (c) Description           | of relations  | hip          |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
|                 |  |                   |                    |                       |                   |                           |               |              |      |
| 1               | Under penalties of perjury,<br>of my knowledge and belief<br>which preparer has any kno  | f, it is true, co |                    |                       |                   |                           |               |              |      |
| Sign            | *****  |                   |                    | 2021 07 10            | *****             |                           |               | IRS discuss  | this |
| Here L          | ****   |                   |                    | 2021-07-19            | <b>*****</b>      |                           | return        |              |      |
|                 | Signature of officer or t  | rustee            |                    | Date                  | Title             |                           | below         | preparer sho |      |
|                 | Print/Type preparer's  | s name            | Preparer's Sign    | ature                 | Data              |                           | PTIN          | ,            | -113 |
|                 | Trinic, Type preparers   | 5 Harrie          | , , eparer a bigii | acai c                | Date              | Check if self-            |               |              |      |
|                 |  |                   |                    |                       |                   | ampleyed b                | P0            | 1599383      |      |

Paid **Preparer Use Only** 

NICOLE M WHITE

Firm's name ▶ FREED MAXICK CPAS PC

Firm's address ► 424 MAIN STREET SUITE 800 BUFFALO, NY 142023508

employed ▶ □ 2021-07-19

| CTD | F | E٦ | г | C1 | IT | TE |
|-----|---|----|---|----|----|----|

Phone no. (716) 847-2651

Firm's EIN ▶45-4051133

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р 2020-04-30 700 SHARES VANGUARD TOTAL STOCK (VTI) 855 SHARES VANGUARD TOTAL STOCK (VTI) Ρ 2020-06-30 1255 SHARES ISHARES RUSSELL MIDCAP (IWR) Р 2020-07-31 470 SHARES ISHARES TIP BOND Ρ 2020-07-31 2260 SHARES VANGUARD TOTAL STOCK (VTI) Ρ 2020-07-31 41 SHARES VANGUARD TOTAL STOCK (VTI) Ρ 2020-07-31 Ρ 1660 SHARES VANGUARD TOTAL STOCK (VTI) 2021-01-31 Р 24 SHARES VANGUARD TOTAL STOCK (VTI) 2021-01-31 Ρ 2021-01-31 1500 SHARES VANGUARD TOTAL STOCK (VTI) Р 2020-08-31 FRANGRANCENET Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 98.883 48.570 50,313 130,396 59,324 71,072 70,699 31,203 39,496 58,668 51.797 6,871 370,470 156,811 213,659 2,845 3,865 6,710 325,081 115,180 209,901 4,825 1,665 3,160 302,048 104,078 197,970 660 660 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 50,313 71,072 39,496 6,871 213,659 3,865 209,901 3,160 197,970 660

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If Expense account, (d) Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position employee benefit plans -0-) and deferred compensation JENNIFER S JOHNSON CHAIRPERSON 0 0 1.00 2495 MAIN STREET STE 464 BUFFALO, NY 14214 ANDREW W DORN n PRESIDENT 1.00 2495 MAIN STREET STE 464 BUFFALO, NY 14214 BERNIE A TOLBERT VICE PRESIDENT 0 0 TRUSTEE PAULETTE M CROOKE 1.00 2495 MAIN STREET STE 464 BUFFALO, NY 14214 TRUSTEE JAMES AW MCLEOD 0 0 1.00 2495 MAIN STREET STE 464 BUFFALO, NY 14214 AMEY D MOOT TRUSTEE 0 0 1.00 2495 MAIN STREET STE 464 BUFFALO, NY 14214 SHELLEY M KIMELBERG TRUSTEE O O O 1.00 2495 MAIN STREET STE 464 BUFFALO, NY 14214

0

138,921

0

24,339

|   | l                   | 1 | l | 4 |
|---|---------------------|---|---|---|
| 2495 MAIN STREET STE 464<br>BUFFALO, NY 14214 | 1.00                |   |   |   |
| SHARON J MATHE                                | TREASURER/SECRETARY | 0 | 0 | C |
| 2495 MAIN STREET STE 464<br>BUFFALO, NY 14214 | 1.00                |   |   |   |
| DALII ETTE M CROOKE                           | TOUCTEE             | 0 | 0 |   |

INTERIM TRUSTEE

EXECUTIVE DIRECTOR

1.00

40.00

LIZ BUERGER

2495 MAIN STREET STE 464 BUFFALO, NY 14214 BETH K GOSCH

2495 MAIN STREET STE 464 BUFFALO, NY 14214

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |  |   |       |
|---|--|---|-------|
| AFRICAN AMERICAN CULTURAL CENTER<br>108 SOUTH 8TH ST<br>OLEAN, NY 14760 |  | EQUITY & SOCIAL JUSTICE<br>GRANT ( AFRICAN AMERICAN<br>CENTER FOR CULTURAL<br>DEVELOPMENT, INC. AND RACE<br>UNITY CIRCLE) | 5,500 |
|   |  |   |       |

|   |    | UNITY CIRCLE)                 |       |
|---|----|-------------------------------|-------|
| ACCESS OF WNY3297 BAILEY AVE<br>BUFFALO, NY 14215 | PC | EQUITY & SOCIAL JUSTICE GRANT | 7,500 |
| ACCORD CORPORATION                                | PC | TRUSTEE DISCRETIONARY         | 1,000 |

| ACCESS OF WNY3297 BAILEY AVE<br>BUFFALO, NY 14215                        | PC   | EQUITY & SOCIAL JUSTICE<br>GRANT           | 7,500     |
|--|------|--|-----------|
| ACCORD CORPORATION<br>84 SCHUYLER STREET PO BOX 573<br>BELMONT, NY 14813 | PC   | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 1,000     |
| Total  | <br> | ▶ 3a                                       | 1,374,892 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

| a Falu during the year                               |    |                                    |       |
|--|----|------------------------------------|-------|
| AGRICOLA ALLIANZA23 MAIN STREET<br>GENESEO, NY 14454 | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 5,000 |
| ALLEGANY SENIOR FOUNDATION                           | PC | TRUSTEE DISCRETIONARY:             | 1,000 |

| CROSSROADS CENTER 6085 RTE 19N<br>BELMONT, NY 14813          | ۲  | SENIOR HOUSING SUPPORT                 | 1,000 |
|--|----|--|-------|
| ALLEGANY SENIOR FOUNDATION<br>CROSSROADS CENTER 6085 RTE 19N | PC | KEEPING OLDER ADULTS IN<br>THEIR HOMES | 5,000 |

1,374,892

■ 3a

| BELMONT, NY 14813   |    |  | İ    |
|---|----|--|------|
| ALLEGANY SENIOR FOUNDATION<br>CROSSROADS CENTER 6085 RTE 19N<br>BELMONT, NY 14813 | PC | KEEPING OLDER ADULTS IN<br>THEIR HOMES | 5,00 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Name and address (home or business)

Total .

| (   | or substantial contributor |    |                                    |       |
|---|----------------------------|----|------------------------------------|-------|
| a Paid during the year  |                            |    |                                    |       |
| BACK TO BASICS OUTREACH<br>MINISTRIES<br>1370 WILLIAM STREET<br>BUFFALO, NY 14206 |                            | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 5,000 |
| BISON FUND284 DELAWARE AVE  |                            | PC | PRESIDENT'S DISCRETIONARY:         | 2,000 |

recipient

▶ 3a

1,374,892

| BUFFALO, NY 14206                                   |    |  |       |
|---|----|--|-------|
| BISON FUND284 DELAWARE AVE<br>BUFFALO, NY 14202     | PC | PRESIDENT'S DISCRETIONARY:<br>OPERATIONS | 2,000 |
| BLACK LOVE RESISTS IN THE RUST<br>345 WEST FERRY ST | PC | EQUITY & SOCIAL JUSTICE<br>GRANT         | 2,500 |

|     | DN FUND284 DELAWARE AVE<br>FALO, NY 14202                     | PC | PRESIDENT'S DISCRETIONARY:<br>OPERATIONS | 2,0 |
|-----|---|----|--|-----|
| 345 | CK LOVE RESISTS IN THE RUST<br>WEST FERRY ST<br>FALO NY 14213 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT         | 2,5 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 |    | BOARDSOURCE ASSESSMENT<br>(CHAUTAUQUA STRIDERS) | 749 |
|---|----|---|-----|
| BOARDSOURCE (MASTERCARD)  | PC | BOARDSOURCE ASSESSMENT                          | 749 |

| *   |    |  |    |
|---|----|--|----|
| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 | PC | BOARDSOURCE ASSESSMENT<br>(WESTMINSTER ECONOMIC<br>DEVELOPMENT INITIATIVE) | 74 |
| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650                         | PC | BOARDSOURCE ASSESSMENT (CORNELL COOPERATIVE                                | 74 |

| WASHINGTON, DC 20001  |   | DEVELOPMENT INITIATIVE)   |     |
|---|---|---|-----|
| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 | P | BOARDSOURCE ASSESSMENT<br>(CORNELL COOPERATIVE<br>EXTENSION OF NIAGARA<br>COUNTY) | 749 |

| ·   |  |    | ,   |     |
|---|--|----|---|-----|
| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 |  | PC | BOARDSOURCE ASSESSMENT<br>(CORNELL COOPERATIVE<br>EXTENSION OF NIAGARA<br>COUNTY) | 749 |
| Total   |  |    | 1,374,892   |     |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 | PC | BOARDSOURCE ASSESSMENT<br>(SENECA STREET COMMUNITY<br>DEVELOPMENT CORPORATION) | 749 |
|---|----|--|-----|
| BOARDSOURCE (MASTERCARD)  | PC | BOARDSOURCE (MUSICALFARE)  | 749 |

| OARDSOURCE (MASTERCARD)<br>50 9TH ST NW SUITE 650<br>/ASHINGTON, DC 20001 | PC | BOARDSOURCE (MUSICALFARE)   |  |
|---|----|---|--|
| OARDSOURCE (MASTERCARD)<br>50 9TH ST NW SUITE 650<br>/ASHINGTON, DC 20001 | PC | BOARDSOURCE (WESTERN NEW<br>YORK BOOK ARTS CENTER,<br>PROVIDENCE FARM COLLECTIVE, |  |

| 750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001                             |    | , ,  |      |
|---|----|--|------|
| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 | PC | BOARDSOURCE (WESTERN NEW<br>YORK BOOK ARTS CENTER,<br>PROVIDENCE FARM COLLECTIVE,<br>AND WEST SIDE COMMUNITY | 2,24 |

| WASHINGTON, DC 20001  |    |  |     |
|---|----|--|-----|
| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 | PC | BOARDSOURCE (WESTERN NEW<br>YORK BOOK ARTS CENTER,<br>PROVIDENCE FARM COLLECTIVE,<br>AND WEST SIDE COMMUNITY | 2,2 |

| BOARDSOURCE (MASTERCARD) | PC  | BOARDSOURCE (WESTERN NEW    | 2,247 |
|--------------------------|-----|-----------------------------|-------|
| 750 9TH ST NW SUITE 650  | ' ~ | YORK BOOK ARTS CENTER.      | 2,247 |
| WASHINGTON, DC 20001     |     | PROVIDENCE FARM COLLECTIVE. |       |
| WASHINGTON, DC 20001     |     | ,                           |       |
|                          |     | AND WEST SIDE COMMUNITY     |       |
|                          |     |                             |       |

| 30 3111 31 1111 3311 233 | I | TOTAL BOOK FACTO CENTERLY   |  |
|--------------------------|---|-----------------------------|--|
| WASHINGTON, DC 20001     |   | PROVIDENCE FARM COLLECTIVE, |  |
| ·                        |   | AND WEST SIDE COMMUNITY     |  |
|                          |   | SERVICES)                   |  |

| Total                | SERVICES) ▶ 3a          | 1,374,892 |
|----------------------|-------------------------|-----------|
| WASHINGTON, DC 20001 | AND WEST SIDE COMMUNITY |           |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 | PC | 6 BOARDSOURCE ASSESSMENTS | 4,093 |
|---|----|---------------------------|-------|
| BOARDSOURCE (MASTERCARD)  | PC | MEMBERSHIP FEE            | 129   |

| <u>'</u>  |    |  |        |
|---|----|--|--------|
| BOARDSOURCE (MASTERCARD)<br>750 9TH ST NW SUITE 650<br>WASHINGTON, DC 20001 | PC | MEMBERSHIP FEE                                     | 129    |
| BUFFALO & ERIE COUNTY BOTANICAL<br>GARDENS<br>2655 SOUTH PARK AVENUE        | PC | TRUSTEE DISCRETIONARY<br>GRANT: LIGHTING EQUIPMENT | 10,000 |

| WASHINGTON, DC 20001  |  |  |        |
|---|--|--|--------|
| BUFFALO & ERIE COUNTY BOTANICAL<br>GARDENS<br>2655 SOUTH PARK AVENUE<br>BUFFALO, NY 14218 |  | TRUSTEE DISCRETIONARY<br>GRANT: LIGHTING EQUIPMENT | 10,000 |
|   |  | 1  | 1      |

Total .

1,374,892

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

recipient

▶ 3a

1,374,892

any foundation manager

Name and address (home or husiness)

BUFFALO, NY 14214

| Name and address (nome or business)                            | or substantial contributor | ,  |   |       |
|--|----------------------------|----|---|-------|
| a Paid during the year   |                            |    |   |       |
| BUFFALO CITY MISSION<br>100 E TUPPER ST<br>BUFFALO, NY 14203   |                            | PC | PRESIDENT'S DISCRETIONARY:<br>OPERATIONAL | 1,000 |
| BUFFALO DREAM CENTER<br>286 LAFAYETTE AVE<br>BUFFALO, NY 14213 |                            | PC | COVID-19 EMERGENCY RELIEF<br>GRANT        | 2,000 |
| BUFFALO INNER CITY BALLET<br>307 LEROY AVENUE REAR             |                            | PC | FUND DEVELOPMENT BOOT CAMP                | 3,000 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                      |    |                                  |       |
|---|----|----------------------------------|-------|
| BUFFALO PEACEMAKERS<br>1370 WILLIAM ST<br>BUFFALO, NY 14206 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 2,500 |

| BUFFALO PREP18 ACHESON ANNEX<br>BUFFALO, NY 14214 | PC | PRESIDENT'S DISCRETIONARY:<br>OPERATIONS | 1,000 |
|---|----|--|-------|
| BUFFALO, NY 14206                                 |    |  |       |

| BUFFALO, NY 14214                                 | PC | OPERATIONS                              | 1,000 |
|---|----|---|-------|
| BUFFALO PREP18 ACHESON ANNEX<br>BUFFALO, NY 14214 | PC | TRUSTEE DISCRETIONARY GRANT: OPERATIONS | 2,000 |

1,374,892

| BUFFALO, NY 14214                                 |    | OPERATIONS                                 |      |
|---|----|--|------|
| BUFFALO PREP18 ACHESON ANNEX<br>BUFFALO, NY 14214 | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 2,00 |

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                       |    |                                     |       |
|--|----|-------------------------------------|-------|
| BUFFALO SEMINARY<br>205 BIDWELL PARKWAY<br>BUFFALO, NY 14222 | PC | TRIBUTE GIFT IN HOUNOR OF MARY MOOT | 6,500 |

| JFFALO, NY 14222                                  |    |           | I |
|---|----|-----------|---|
| JFFALO STRING WORKS<br>D BOX 195 465 GRANT STREET | PC | BOOT CAMP |   |

Total .

| BUFFALO STRING WORKS<br>PO BOX 195 465 GRANT STREET<br>BUFFALO, NY 14213 | PC | BOOT CAMP                 | 1,500 |
|--|----|---------------------------|-------|
| BUFFALO UNITED FRONTPO BOX 1306  | PC | FOUTTY AND SOCIAL JUSTICE | 2,000 |

| PO BOX 195 465 GRANT STREET<br>BUFFALO, NY 14213 |    |                           |       |
|--|----|---------------------------|-------|
| BUFFALO UNITED FRONTPO BOX 1306                  | PC | EQUITY AND SOCIAL JUSTICE | 2,000 |

| BUFFALO, NY 14213                                    |    |                                    |       |
|--|----|------------------------------------|-------|
| BUFFALO UNITED FRONTPO BOX 1306<br>BUFFALO, NY 14215 | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 2,000 |

1,374,892

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| BUFFALO, NY 14213                                    |    |                                 |      |
|--|----|---------------------------------|------|
| BUFFALO UNITED FRONTPO BOX 1306<br>BUFFALO, NY 14215 | PC | EQUITY AND SOCIAL JUSTICE GRANT | 2,00 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| BUFFALO URBAN LEAGUE<br>15 E GENESEE STREET<br>BUFFALO, NY 14203 | PC | COVID GRANT AND TRIBUTE TO<br>BRENDA MCDUFFIE | 22,000 |
|--|----|---|--------|
| CALVARY TABERNACLE ASSEMBLY OF                                   | PC | COVID-19 EMERGENCY RELIEF                     | 2,000  |

| B0117(E0, N1 11203  |    |                                    |       |
|---|----|------------------------------------|-------|
| CALVARY TABERNACLE ASSEMBLY OF<br>GOD<br>324 CATHERINE ST<br>MEDINA, NY 14103 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |
|   |    |                                    |       |

| CALVARY TABERNACLE ASSEMBLY OF<br>GOD<br>324 CATHERINE ST<br>MEDINA, NY 14103 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT                         | 2,000 |
|---|----|--|-------|
| CATTARAUGUS REGION COMMUNITY<br>FOUNDATION<br>301 N UNION ST 203              | PC | TRUSTEE'S DISCRETIONARY<br>GRANT: MOW/ FRIENDS OF<br>AGING | 1,000 |

| MEDINA, NY 14103  |    |  |       |
|---|----|--|-------|
| CATTARAUGUS REGION COMMUNITY<br>FOUNDATION<br>301 N UNION ST 203<br>OLEAN, NY 14760 | PC | TRUSTEE'S DISCRETIONARY<br>GRANT: MOW/ FRIENDS OF<br>AGING | 1,000 |

1,374,892

| ··  |    |  |       |
|---|----|--|-------|
| CATTARAUGUS REGION COMMUNITY<br>FOUNDATION<br>301 N UNION ST 203<br>OLEAN, NY 14760 | PC | TRUSTEE'S DISCRETIONARY<br>GRANT: MOW/ FRIENDS OF<br>AGING | 1,000 |
|   |    |  |       |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

CCNY INC217 E DELAVAN AVE

BUFFALO, NY 14208

Total .

| a Paid during the year  |    |  |        |
|---|----|--|--------|
| CATTARAUGUS REGION COMMUNITY<br>FOUNDATION<br>301 N UNION ST 203<br>OLEAN, NY 14760 | PC | MOW/ FRIENDS OF AGING                      | 5,000  |
| CAUSEWAVE COMMUNITY PARTNERS<br>274 NORTH GOODMAN B269<br>ROCHESTER, NY 14607       | PC | NONPROFIT SCENARIO<br>PLANNING CONSULTANCY | 25,000 |

PC

ICAP EVALUATION

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15,554

1,374,892

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                             |    |                              |        |
|--|----|------------------------------|--------|
| CEPA617 MAIN STREET SUITE 201<br>BUFFALO, NY 14203 | PC | COVID EMERGENCY RELIEF FUNDS | 20,000 |
| CHAUTAUQUA CHILDREN'S SAFETY                       | PC | MARKETING INITIATIVE AND     | 12,000 |

| CHAUTAUQUA CHILDREN'S SAFETY<br>EDUCATION<br>2695 ROUTE 394<br>ASHVILLE, NY 14710 | PC | MARKETING INITIATIVE AND SIMILATOR (PAYMENT 2/2) | 12,000 |
|---|----|--|--------|
| CHAUTAUQUA COUNTY HISTORICAL<br>SOCIETY   | PC | TRUSTEE DISCRETIONARY GRANT: OPERATIONS          | 1,000  |

| ASHVILLE, NY 14710   |    |  |       |
|--|----|--|-------|
| CHAUTAUQUA COUNTY HISTORICAL<br>SOCIETY<br>CCHS POST OFFICE BOX 7<br>WESTFIELD, NY 14787 | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 1,000 |

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1,374,892

| ASTIVILLE, IVI 14710   |    |  | 1    |
|--|----|--|------|
| CHAUTAUQUA COUNTY HISTORICAL<br>SOCIETY<br>CCHS POST OFFICE BOX 7<br>WESTFIELD, NY 14787 | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 1,00 |
|  |    |  |      |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| CHAUTAUQUA COUNTY RURAL<br>MINISTRIES<br>PO BOX 362 319 WASHINGTON AVENUE<br>DUNKIRK, NY 14048 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000  |
|--|----|------------------------------------|--------|
| CHAUTAUQUA STRIDERS INC  | PC | ICAP STIPEND                       | 10,000 |

| PO BOX 362 319 WASHINGTON AVENUE DUNKIRK, NY 14048                                 |    |                           |        |
|--|----|---------------------------|--------|
| CHAUTAUQUA STRIDERS INC<br>301 EAST SECOND STREET SUITE 102<br>JAMESTOWN, NY 14701 | PC | ICAP STIPEND              | 10,000 |
| CLARITY WELLNESS COMMUNITY   | PC | COVID-19 EMERGENCY RELIEF | 10,000 |

| Total  | <br> | ▶ 3a                               | 1,374,892 |
|--|------|------------------------------------|-----------|
| CLARITY WELLNESS COMMUNITY<br>4220 STATE RTE-417 W<br>WELLSVILLE, NY 14895 | PC   | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000    |
| 301 EAST SECOND STREET SUITE 102<br>JAMESTOWN, NY 14701                    | PC   | ICAP STIPEND                       | 10,000    |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |      |   |       |
|---|------|---|-------|
| CLEAN AIR COALITION<br>52 LINWOOD AVENUE<br>BUFFALO, NY 14209 | PC   | EXECUTIVE DIRECTOR<br>TRANSITION PLAN AND<br>CANDIDATE SEARCH | 2,500 |
| COALITION FOR ECONOMIC JUSTICE                                | l nc | TRUSTEE DISCRETIONARY   | E 000 |

| COALITION FOR ECONOMIC JUSTICE<br>2495 MAIN ST SUITE 425<br>BUFFALO, NY 14214 | PC | TRUSTEE DISCRETIONARY GRANT FOR COLORED GIRLS BIKE TOO; TECHNOLOGY AND OPERATIONS | 5,000 |
|---|----|---|-------|
| COALITION FOR ECONOMIC JUSTICE  | PC | EQUITY AND SOCIAL JUSTICE   | 5,000 |

| 2495 MAIN ST SUITE 425<br>BUFFALO, NY 14214              |    | GRANT FOR COLORED GIRLS<br>BIKE TOO; TECHNOLOGY AND<br>OPERATIONS |     |
|--|----|---|-----|
| COALITION FOR ECONOMIC JUSTICE<br>2495 MAIN ST SUITE 425 | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT                                | 5,0 |

|   |      | OPERATIONS                         |           |
|---|------|------------------------------------|-----------|
| COALITION FOR ECONOMIC JUSTICE<br>2495 MAIN ST SUITE 425<br>BUFFALO, NY 14214 | PC   | EQUITY AND SOCIAL JUSTICE<br>GRANT | 5,000     |
| Total   | <br> | ▶ 3a                               | 1,374,892 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

COMMUNITY ACTION OF ORLEANS AND

| GENESEE<br>5073 CLINTON STREET ROAD<br>BATAVIA, NY 14020 |  | GRANT   | _,     |
|--|--|---|--------|
| COMMUNITY FOUNDATION FOR GREATER BUFFALO                 |  | COVID 19 COMMUNITY<br>RESPONSE FUND PAYMENT 2/2 | 50,000 |

l PC

COVID-19 EMERGENCY RELIEF

2,000

| BATAVIA, N1 14020   |    |  |        |
|---|----|--|--------|
| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210 | PC | COVID 19 COMMUNITY<br>RESPONSE FUND PAYMENT 2/2      | 50,000 |
| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525<br>BUFFALO. NY 14210 | PC | COVID 19 COMMUNITY<br>RESPONSE FUND -<br>MICROGRANTS | 17,000 |

| Total   | <br> | <b>&gt;</b> 3a                                       | 1,374,892 |
|---|------|--|-----------|
| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210 | PC   | COVID 19 COMMUNITY<br>RESPONSE FUND -<br>MICROGRANTS | 17,000    |
| BUFFALO, NY 14210   |      |  |           |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY FOUNDATION FOR PC EAST SIDE COLLABORATIVE 20,000

| 726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210  |    | FUND PAYMENT 2/5                     |        |
|---|----|--------------------------------------|--------|
| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210 | PC | WNY RESPONDS COVID 19 FUND (ROUND 2) | 75,000 |

FLIND DAVMENT 3/F

1,374,892

| GREATER BUFFALO 726 EXCHANGE STREET SUITE 525 BUFFALO, NY 14210                                   |    | (ROUND 2)                                 | 75,000 |
|---|----|---|--------|
| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210 | PC | FUND FOR THE ARTS, ANNUAL<br>CONTRIBUTION | 10,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210 | PC | MOVING FORWARD TOGETHER<br>FUND | 50,000 |
|---|----|---------------------------------|--------|
| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525                      | PC | VIRTUAL LEARNING CENTERS        | 10,000 |

| BUFFALO, NY 14210   |    |                                    |        |
|---|----|------------------------------------|--------|
| COMMUNITY FOUNDATION FOR<br>GREATER BUFFALO<br>726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210 | PC | VIRTUAL LEARNING CENTERS           | 10,000 |
| COMMUNITY HEALTH CENTER OF<br>BUFFALO<br>34 BENWOOD AVE   | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |

| 726 EXCHANGE STREET SUITE 525<br>BUFFALO, NY 14210                           |    |                                    |        |
|--|----|------------------------------------|--------|
| COMMUNITY HEALTH CENTER OF<br>BUFFALO<br>34 BENWOOD AVE<br>BUFFALO, NY 14214 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |

1,374,892

| BUFFALO, NY 14210  |    |                                    |        |
|--|----|------------------------------------|--------|
| COMMUNITY HEALTH CENTER OF<br>BUFFALO<br>34 BENWOOD AVE<br>BUFFALO, NY 14214 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                  |    |                                    |       |
|---|----|------------------------------------|-------|
| COMMUNITY HELPING HANDS 31 WATER STREET | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| JAMESTOWN, NY 14701  |    |                       |        |
|--|----|-----------------------|--------|
| COMMUNITY MISSIONS<br>1570 BUFFALO AVENUE<br>NIAGARA FALLS, NY 14303 | PC | TECHNOLOGY ASSESSMENT | 24,000 |
|  |    |                       |        |

| 1570 BUFFALO AVENUE<br>NIAGARA FALLS, NY 14303                                |    |                          | ·     |
|---|----|--------------------------|-------|
| COMMUNITY MUSIC SCHOOL OF<br>BUFFALO<br>217 E DELAVAN AVE<br>BUFFALO NY 14208 | PC | ICAP_ EXECUTIVE COACHING | 1,050 |

| NIAGARA FALLS, NY 14303  |    |                          |       |
|--|----|--------------------------|-------|
| COMMUNITY MUSIC SCHOOL OF<br>BUFFALO<br>217 E DELAVAN AVE<br>BUFFALO, NY 14208 | PC | ICAP_ EXECUTIVE COACHING | 1,050 |
|  |    |                          |       |

Total .

1,374,892

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| CONNECTING COMMUNITIES IN ACTION<br>25 JEFFERSON STREET<br>SALAMANCA, NY 14779 |    | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 1,000 |
|--|----|--|-------|
| CONNECTING COMMUNITIES IN ACTION   | PC | COVID-19 EMERGENCY RELIEF                  | 2,000 |

| SALAMANCA, NT 14779   |    |                                    |       |
|---|----|------------------------------------|-------|
| CONNECTING COMMUNITIES IN ACTION<br>25 JEFFERSON STREET<br>SALAMANCA, NY 14779            | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |
| CORNELL COOPERATIVE EXTENSION CHAUTUAQUA 525 FALCONER STREET PO BOX 20 14MESTOWN NY 14701 | PC | GRANTWRITING CONTRACT              | 1,000 |

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1,374,892

| 25 JEFFERSON STREET<br>SALAMANCA, NY 14779  |    | GRANT                 | ,   |
|---|----|-----------------------|-----|
| CORNELL COOPERATIVE EXTENSION<br>CHAUTUAQUA<br>525 FALCONER STREET PO BOX 20<br>JAMESTOWN, NY 14701 | PC | GRANTWRITING CONTRACT | 1,0 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CORNELL COOPERATIVE EXTENSION OF PC ICAP STIPEND 10,000 NIAGARA 4487 LAKE AVENUE

| LOCKPORT, NY 14094  |    |  |        |
|---|----|--|--------|
| COUNCIL ON ADDICTION RECOVERY<br>SERVICES<br>PO BOX 567 201 SOUTH UNION STREET<br>OLEAN, NY 14760 | PC | AFFILIATION EVALUATION AND PLANNING INITIATIVE | 22,500 |
| COUNCIL ON ADDICTION RECOVERY   | PC | CAPACITY BUILDING                              | 11,000 |

| PO BOX 567 201 SOUTH UNION STREET<br>OLEAN, NY 14760  |      |                                |           |
|---|------|--------------------------------|-----------|
| COUNCIL ON ADDICTION RECOVERY<br>SERVICES<br>PO BOX 567 201 SOUTH UNION STREET<br>OLEAN, NY 14760 | PC   | CAPACITY BUILDING<br>EQUIPMENT | 11,000    |
| Total   | <br> | ▶ 3a                           | 1,374,892 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

|  | or substantial contributor |    |   |        |
|--|----------------------------|----|---|--------|
| a Paid during the year   |                            |    |   |        |
| CRADLE BEACH CAMP<br>8038 OLD LAKESHORE ROAD<br>ANGOLA, NY 14006 |                            | PC | RECRUITMENT ENGAGEMENT<br>INITIATIVE (YEAR 1, PAYMENT<br>2) | 44,000 |

| ANGOLA, NY 14006   |    | 2)                          |  |
|--|----|-----------------------------|--|
| CRADLE BEACH CAMP<br>8038 OLD LAKESHORE ROAD<br>ANGOLA, NY 14006 | PC | IN MEMORY OF WILLIAM YOKLEY |  |
|  |    |                             |  |

| CRADLE BEACH CAMP<br>8038 OLD LAKESHORE ROAD<br>ANGOLA, NY 14006                          | PC | IN MEMORY OF WILLIAM YOKLEY        | 500   |
|---|----|------------------------------------|-------|
| CREATE A HEALTHIER NIAGARA FALLS<br>NIAGARA FALLS COLLABORATION<br>NIAGARA FALLS NY 14304 | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 5,000 |

1,374,892

| ANGOLA, NY 14006   |    |                                    |      |
|--|----|------------------------------------|------|
| CREATE A HEALTHIER NIAGARA FALLS<br>NIAGARA FALLS COLLABORATION<br>NIAGARA FALLS, NY 14304 | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 5,00 |
|  |    |                                    |      |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| Name and address (home or business) | any foundation manager<br>or substantial contributor | recipient |                           |       |
|-------------------------------------|--|-----------|---------------------------|-------|
| a Paid during the year              |  |           |                           |       |
| DURHAM'S BARY CAFE200 E FAGLE ST    |  | PC        | COVID-19 EMERGENCY RELIEF | 2 000 |

| BUFFALO, NY 14204  | PC | GRANT                              | 2,000 |
|--|----|------------------------------------|-------|
| ERIE COUNTY RESTORATIVE JUSTICE<br>CENTER<br>567 HERTEL AVENUE | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 7,500 |

| CENTER<br>567 HERTEL AVENUE<br>BUFFALO, NY 14207 |    | GRANT                              | ,,-  |
|--|----|------------------------------------|------|
| EVERGREEN HEALTH<br>206 SOUTH ELMWOOD AVE        | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,0 |

Total .

| CENTER<br>567 HERTEL AVENUE<br>BUFFALO, NY 14207               |    | GRANT                              |       |
|--|----|------------------------------------|-------|
| EVERGREEN HEALTH<br>206 SOUTH ELMWOOD AVE<br>BUFFALO, NY 14201 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,00 |

| 567 HERTEL AVENUE<br>BUFFALO, NY 14207    |    | GIVAIVI                            |        |
|---|----|------------------------------------|--------|
| EVERGREEN HEALTH<br>206 SOUTH ELMWOOD AVE | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |

1,374,892

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

| Name and address (nome or business)   | or substantial contributor |    |  |       |
|---|----------------------------|----|--|-------|
| a Paid during the year  |                            |    |  |       |
| EXPLORE & MORE CHILDREN'S MUSEUM<br>300 GLEED AVENUE<br>EAST AURORA, NY 14052 |                            | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 3,000 |

| FAMILY HELP CENTER<br>60 DINGENS STREET<br>BUFFALO, NY 14206 | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 5,000 |
|--|----|--|-------|
| EAST AURORA, NY 14052  |    |  |       |

| 60 DINGENS STREET<br>BUFFALO, NY 14206                     | PC | GRANT: OPERATIONS                  | 5,000 |
|--|----|------------------------------------|-------|
| FEED BUFFALO<br>456 MASSACHUSETTS AVE<br>BUFFALO, NY 14213 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| Total  | <br> | ▶ 3a                               | 1,374,892 |
|--|------|------------------------------------|-----------|
| FEED BUFFALO<br>456 MASSACHUSETTS AVE<br>BUFFALO, NY 14213 | PC   | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000     |
| BUFFALO, NY 14206  |      | GRANT: OPERATIONS                  |           |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

| ,   | or substantial contributor |    |                            |       |
|---|----------------------------|----|----------------------------|-------|
| a Paid during the year                            |                            |    |                            |       |
| FEEDMORE100 JAMES E CASEY DR<br>BUFFALO, NY 14206 |                            | PC | PRESIDENT'S DISCRETIONARY: | 3,000 |

| FEEDMORE100 JAMES E CASEY DR<br>BUFFALO, NY 14206                     | PC | COVID-19 EMERGENCY RELIEF<br>GRANT                                     |  |
|---|----|--|--|
| FIELD & FORK NETWORK<br>487 MAIN STREET SUITE 200<br>BUFFALO NY 14203 | PC | DOUBLE UP FOOD BUCKS NEW<br>YORK STATE: INNOVATING<br>TECHNOLOGIES AND |  |

Total .

| FEEDMORE100 JAMES E CASEY DR<br>BUFFALO, NY 14206                      | PC | COVID-19 EMERGENCY RELIEF<br>GRANT                                     | 50,000 |
|--|----|--|--------|
| FIELD & FORK NETWORK<br>487 MAIN STREET SUITE 200<br>BUFFALO, NY 14203 | PC | DOUBLE UP FOOD BUCKS NEW<br>YORK STATE: INNOVATING<br>TECHNOLOGIES AND | 25,000 |

| BUFFALO, NY 14206  |    | GRANT   |        |
|--|----|---|--------|
| FIELD & FORK NETWORK<br>487 MAIN STREET SUITE 200<br>BUFFALO, NY 14203 | PC | DOUBLE UP FOOD BUCKS NEW<br>YORK STATE: INNOVATING<br>TECHNOLOGIES AND<br>EXPANDING GEOGRAPHIES | 25,000 |

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| FIELD & FORK NETWORK      | PC | DOUBLE UP FOOD BUCKS NEW | 25,00 |
|---------------------------|----|--------------------------|-------|
| 487 MAIN STREET SUITE 200 |    | YORK STATE: INNOVATING   |       |
| BUFFALO, NY 14203         |    | TECHNOLOGIES AND         |       |
|                           |    | EXPANDING GEOGRAPHIES    |       |
|                           |    |                          |       |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |    |                                    |       |
|---|----|------------------------------------|-------|
| FRIENDS OF THE NIGHT PEOPLE<br>394 HUDSON STREET<br>BUFFALO, NY 14201 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |
|   |    |                                    |       |

| BUFFALO, NY 14201                                   |    |                                       |        |
|---|----|---------------------------------------|--------|
| GERARD PLACE2515 BAILEY AVENUE<br>BUFFALO, NY 14215 | PC | PRESIDENT'S DISCRETIONARY: OPERATIONS | 1,500  |
| GRASSROOTS GARDENS WNY                              | PC | COVID EMERGENCY RELIEF                | 10,000 |

| BUFFALO, NY 14215  | PC | OPERATIONS                      | 1,500  |
|--|----|---------------------------------|--------|
| GRASSROOTS GARDENS WNY<br>389 BROADWAY AVENUE<br>BUFFALO, NY 14204 | PC | COVID EMERGENCY RELIEF<br>FUNDS | 10,000 |

| Total  | <br> | ▶ 3a                            | 1,374,892 |
|--|------|---------------------------------|-----------|
| GRASSROOTS GARDENS WNY<br>389 BROADWAY AVENUE<br>BUFFALO, NY 14204 | PC   | COVID EMERGENCY RELIEF<br>FUNDS | 10,00     |
| BUFFALO, NT 14215  |      | OPERATIONS                      |           |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |    |                                  |       |
|---|----|----------------------------------|-------|
| HEART OF THE CITY NEIGHBORHOODS<br>INC<br>42 PLYMOUTH AVENUE<br>BUFFALO, NY 14201 | PC | GROCERIES FOR SENIORS<br>PROGRAM | 2,000 |

| LIEARTO AND LIANDO  | 50 | 601/ID 40 EMED CENOV DELIES | 2 222  |
|---|----|-----------------------------|--------|
| HEART OF THE CITY NEIGHBORHOODS<br>INC<br>42 PLYMOUTH AVENUE<br>BUFFALO, NY 14201 | PC | REVOLVING LOAN FUND         | 50,000 |
| BUFFALO, NY 14201   |    |                             |        |

| HEART OF THE CITY NEIGHBORHOODS<br>INC<br>42 PLYMOUTH AVENUE<br>BUFFALO, NY 14201 | PC | REVOLVING LOAN FUND                | 50,00 |
|---|----|------------------------------------|-------|
| HEARTS AND HANDS<br>1412 SWEET HOME ROAD SUITE 12                                 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,00  |

| 42 PLYMOUTH AVENUE<br>BUFFALO, NY 14201                                |    |                                    |       |
|--|----|------------------------------------|-------|
| HEARTS AND HANDS<br>1412 SWEET HOME ROAD SUITE 12<br>AMHERST, NY 14228 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| HEARTS AND HANDS<br>1412 SWEET HOME ROAD SUITE 12<br>AMHERST, NY 14228 | PC   | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000     |
|--|------|------------------------------------|-----------|
| Total  | <br> | ▶ 3a                               | 1,374,892 |

| HEARTS AND HANDS              |     | PC | COVID-19 EMERGENCY RELIEF | 2,0 |
|-------------------------------|-----|----|---------------------------|-----|
| 1412 SWEET HOME ROAD SUITE 12 |     |    | GRANT                     |     |
| AMHERST, NY 14228             |     |    |                           |     |
|                               | I . |    |                           |     |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |    |                           |        |
|---|----|---------------------------|--------|
| INFINITY VISUAL AND PERFORMING<br>ARTS INC<br>301 EAST SECOND STREET SUITE 101<br>JAMESTOWN, NY 14701 | PC | SOFTWARE SYSTEMS UPGRADE  | 9,629  |
| INTERNATIONAL INSTITUTE OF  | PC | COVID-19 EMERGENCY RELIEF | 10,000 |

| INTERNATIONAL INSTITUTE OF<br>BUFFALO<br>864 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10, |
|---|----|------------------------------------|-----|
|   |    |                                    |     |

| BUFFALO<br>864 DELAWARE AVENUE<br>BUFFALO, NY 14209 |    | GRANT                   | 20,000 |
|---|----|-------------------------|--------|
| INVESTIGATIVE POST487 MAIN ST 300                   | PC | EQUITY & SOCIAL JUSTICE | 7,500  |

| 864 DELAWARE AVENUE<br>BUFFALO, NY 14209 |    | GRANT                   |       |
|--|----|-------------------------|-------|
| INVESTIGATIVE POST487 MAIN ST 300        | PC | EQUITY & SOCIAL JUSTICE | 7,500 |

| BUFFALO, NY 14209                                      |    |                                  |       |
|--|----|----------------------------------|-------|
| INVESTIGATIVE POST487 MAIN ST 300<br>BUFFALO, NY 14203 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 7,500 |

1,374,892

| INVESTIGATIVE POST487 MAIN ST 300<br>BUFFALO, NY 14203 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 7,5 |
|--|----|----------------------------------|-----|
|  |    |                                  |     |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                       |    |  |       |
|--|----|--|-------|
| JERICHO ROAD COMMUNITY HEALTH<br>CENTER<br>184 BARTON STREET | PC | PRESIDENT'S DISCRETIONARY:<br>OPERATIONS | 1,500 |

| BUFFALO, NY 14213  |    |                                    |  |
|--|----|------------------------------------|--|
| JERICHO ROAD COMMUNITY HEALTH<br>CENTER<br>184 BARTON STREET<br>BUFFALO,NY 14213 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT |  |

|   | JERICHO ROAD COMMUNITY HEALTH<br>CENTER<br>184 BARTON STREET<br>BUFFALO, NY 14213 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,0 |
|---|---|----|------------------------------------|------|
| l | 10URNEY'S END REFUGEE SERVICES  | PC | COVID-19 GRANT                     | 10.0 |

| JERICHO ROAD COMMUNITY HEALTH<br>CENTER<br>184 BARTON STREET<br>BUFFALO, NY 14213 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |
|---|----|------------------------------------|--------|
| JOURNEY'S END REFUGEE SERVICES  | PC | COVID-19 GRANT                     | 10,000 |

| 184 BARTON STREET<br>BUFFALO, NY 14213                       |    | GIVAIVI        |        |
|--|----|----------------|--------|
| JOURNEY'S END REFUGEE SERVICES<br>2495 MAIN STREET SUITE 317 | PC | COVID-19 GRANT | 10,000 |

| BUFFALO, NT 14213  |    |                |        |
|--|----|----------------|--------|
| JOURNEY'S END REFUGEE SERVICES<br>2495 MAIN STREET SUITE 317 | PC | COVID-19 GRANT | 10,000 |
| BLIEFALO NV 14214  |    |                |        |

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1,374,892

| JOURNEY'S END REFUGEE SERVICES | PC | COVID-19 GRANT | 10 |
|--------------------------------|----|----------------|----|
| 2495 MAIN STREET SUITE 317     |    |                |    |
| BUFFALO. NY 14214              |    |                |    |

Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to contribution status of any foundation manager recipient

| Name and address (home or business)      | or substantial contributor | recipient |                                    |       |
|--|----------------------------|-----------|------------------------------------|-------|
| a Paid during the year                   |                            |           |                                    |       |
| LINCOLN MEMORIAL UNITED METHODIST CHURCH |                            | PC        | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| 641 MASTEN AVENUE<br>BUFFALO, NY 14209   |    | GRANT             |        |
|--|----|-------------------|--------|
| LOCAL INITIATIVES SUPPORT CORP<br>70 WEST CHIPPEWA STREET SUITE 604<br>BUFFALO. NY 14202 | PC | CAPACITY BUILDING | 25,000 |

| LOCAL INITIATIVES SUPPORT CORP<br>70 WEST CHIPPEWA STREET SUITE 604<br>BUFFALO, NY 14202 | PC | CAPACITY BUILDING         | 25,000 |
|--|----|---------------------------|--------|
| LOCKPORT CARE NET229 EAST AVENUE   | PC | COVID-19 EMERGENCY RELIEF | 2,000  |

|                          | BUFFALO, NY 14202                                      |  |                                    |       |
|--------------------------|--|--|------------------------------------|-------|
| LOCKPORT, NY 14094 GRANT | LOCKPORT CARE NET229 EAST AVENUE<br>LOCKPORT, NY 14094 |  | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

1,374,892

| LOCKPORT CARE NET229 EAST AVENUE<br>LOCKPORT, NY 14094 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2, |
|--|----|------------------------------------|----|
|  |    |                                    |    |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                       |    |                                    |       |
|--|----|------------------------------------|-------|
| MT OLIVE BAPTIST CHURCH<br>701 E DELAVAN AVE | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| BUFFALO, NY 14215  |    |              |        |
|--|----|--------------|--------|
| MUSICALFARE THEATER<br>4380 MAIN STREET SUITE 123<br>AMHERST, NY 14226 | PC | ICAP STIPEND | 10,000 |

| MUSICALFARE THEATER 4380 MAIN STREET SUITE 123 AMHERST, NY 14226             | PC | ICAP STIPEND                               | 10 |
|--|----|--|----|
| NATIONAL FEDERATION FOR JUST<br>COMMUNITIES<br>360 DELAWARE AVENUE SUITE 106 | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 5  |

| AMHERST, NY 14226   |    |  |       |
|---|----|--|-------|
| NATIONAL FEDERATION FOR JUST<br>COMMUNITIES<br>360 DELAWARE AVENUE SUITE 106<br>BUFFALO, NY 14202 | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 5,000 |

| /   |      |  |           |
|---|------|--|-----------|
| NATIONAL FEDERATION FOR JUST<br>COMMUNITIES<br>360 DELAWARE AVENUE SUITE 106<br>BUFFALO, NY 14202 | PC   | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 5,000     |
| Total   | <br> | ▶ 3a                                       | 1,374,892 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

|  | or substantial contributor |    |                                  |       |
|--|----------------------------|----|----------------------------------|-------|
| a Paid during the year   |                            |    |                                  |       |
| NATIONAL FEDERATION FOR JUST<br>COMMUNITIES<br>360 DELAWARE AVENUE SUITE 106 |                            | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 7,500 |

| BUFFALO, NY 14202   |    |                                  |       |
|---|----|----------------------------------|-------|
| NATIVE AMERICAN COMMUNITY<br>SERVICES<br>1005 GRANT STREET<br>BUFFALO, NY 14207 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 5,000 |

| NATIVE AMERICAN COMMUNITY<br>SERVICES<br>1005 GRANT STREET<br>BUFFALO, NY 14207 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 5,00 |
|---|----|----------------------------------|------|
| , , , , , , , , , , , , , , , , , , ,   |    |                                  |      |

| 1  |      |    |                                  |     |
|--|------|----|----------------------------------|-----|
| NATIVE AMERICAN COMMUI<br>SERVICES<br>1005 GRANT STREET<br>BUFFALO, NY 14207 | NITY | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 5,0 |

Total .

|   | NATIVE AMERICAN COMMUNITY | PC | EQUITY & SOCIAL JUSTICE | 5,000 |
|---|---------------------------|----|-------------------------|-------|
|   | SERVICES                  |    | GRANT                   |       |
|   | 1005 GRANT STREET         |    |                         |       |
|   | BUFFALO, NY 14207         |    |                         |       |
|   | '                         |    |                         |       |
| 1 |                           |    |                         | 1     |

| 1005 GRANT STREET<br>BUFFALO, NY 14207 |    | GRANT                      |       |
|--|----|----------------------------|-------|
| NATIVITY MIGUEL21 DAVIDSON AVE         | PC | PRESIDENT'S DISCRETIONARY: | 1,000 |

| BUFFALO, NY 14207                                   |    |  |       |
|---|----|--|-------|
| NATIVITY MIGUEL21 DAVIDSON AVE<br>BUFFALO, NY 14215 | PC | PRESIDENT'S DISCRETIONARY:<br>OPERATIONS | 1,000 |

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

| NEIGHBORHOOD HEALTH CENTER<br>155 LAWN AVE<br>BUFFALO, NY 14207 | PC | I | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |
|---|----|---|------------------------------------|--------|
| NEW COVENANT CHURCH OF CHRIST<br>459 CLINTON ST                 | PC | - | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000  |

| NEW COVENANT CHURCH OF CHRIST<br>459 CLINTON ST<br>BUFFALO, NY 14204                          | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |
|---|----|------------------------------------|-------|
| NIAGARA ORGANIZING ALLIANCE FOR<br>HOPE<br>1625 BUFFALO AVE STE 2H<br>NIAGARA FALLS, NY 14303 | PC | EQUITY AND SOCIAL JUSTICE GRANT    | 5,000 |

|   | BUFFALO, NY 14204   |    | GRANT                           |       |
|---|---|----|---------------------------------|-------|
|   | NIAGARA ORGANIZING ALLIANCE FOR<br>HOPE<br>1625 BUFFALO AVE STE 2H<br>NIAGARA FALLS, NY 14303 | PC | EQUITY AND SOCIAL JUSTICE GRANT | 5,000 |
| 1 |   |    |                                 |       |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

|   | or substantial contributor |  |       |
|---|----------------------------|--|-------|
| a Paid during the year                    |                            |  |       |
| NONE LIKE YOU EDUCATIONAL & COMMUNITY OUT |                            | <br>COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| BUFFALO, NY 14205  |    |   |  |
|--|----|---|--|
| NY FUNDERS ALLIANCE<br>431 E FAYETTE STREET<br>SYRACUSE NY 13202 | PC | WNY NONPROFIT SUPPORT<br>GROUP - CATCHAFIRE |  |

Total .

| NY FUNDERS ALLIANCE<br>431 E FAYETTE STREET<br>SYRACUSE, NY 13202 | PC | WNY NONPROFIT SUPPORT<br>GROUP - CATCHAFIRE | 19,845 |
|---|----|---|--------|
| NY FUNDERS ALLIANCE   | PC | 2021 ANNUAL CONTRIBUTION                    | 2,000  |

| 431 E FAYETTE STREET<br>SYRACUSE, NY 13202                 |    | GROUP - CATCHAFIRE       | ,     |
|--|----|--------------------------|-------|
| NY FUNDERS ALLIANCE 431 E FAYETTE STREET SYRACUSE NY 13202 | PC | 2021 ANNUAL CONTRIBUTION | 2,000 |

| SYRACUSE, NY 13202   |    | GROOF - CATCHAFIRE       |     |
|--|----|--------------------------|-----|
| NY FUNDERS ALLIANCE<br>431 E FAYETTE STREET<br>SYRACUSE NY 13202 | PC | 2021 ANNUAL CONTRIBUTION | 2,0 |

| 5110AC05E,111 15202   |    |                          |       |
|---|----|--------------------------|-------|
| NY FUNDERS ALLIANCE<br>431 E FAYETTE STREET<br>SYRACUSE, NY 13202 | PC | 2021 ANNUAL CONTRIBUTION | 2,000 |
|   |    |                          |       |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| Name and address (home or business) | any foundation manager<br>or substantial contributor | recipient |                          |       |
|-------------------------------------|--|-----------|--------------------------|-------|
| a Paid during the year              |  |           |                          |       |
| NV FUNDEDC ALLIANCE                 |  | DC.       | WANNING 2021 ODERATIONAL | 7,000 |

| NY FUNDERS ALLIANCE<br>431 E FAYETTE STREET<br>SYRACUSE, NY 13202 | PC | WNYNSG 2021 OPERATIONAL<br>AND PROGRAMMATIC SUPPORT | 7,000  |
|---|----|---|--------|
| OAK ORCHARD HEALTH  | PC | COVID-19 EMERGENCY RELIEF                           | 10,000 |

| SYRACUSE, NY 13202   |    | AND PROGRAMMATIC SUPPORT           |        |
|--|----|------------------------------------|--------|
| OAK ORCHARD HEALTH<br>300 WEST AVE BROCKPORT NY<br>BROCKPORT, NY 14420 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |
| OLEAN PUBLIC LIBRARY BENNETT GUY                                       | PC | EQUITY AND SOCIAL JUSTICE          | 5,000  |

| 300 WEST AVE BROCKPORT NY<br>BROCKPORT, NY 14420                        | Ρ. | GRANT                              | 10,000 |
|---|----|------------------------------------|--------|
| OLEAN PUBLIC LIBRARY BENNETT GUY<br>134 N 2ND STREET<br>OLEAN, NY 14760 | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 5,000  |

1,374,892

| BROCKPORT, NY 14420   |    |                                    |      |
|---|----|------------------------------------|------|
| OLEAN PUBLIC LIBRARY BENNETT GUY<br>134 N 2ND STREET<br>OLEAN, NY 14760 | PC | EQUITY AND SOCIAL JUSTICE<br>GRANT | 5,00 |
|   |    |                                    |      |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

OLEAN, NY 14760

Total .

|   | or substantial contributor |    |                           |        |
|---|----------------------------|----|---------------------------|--------|
| a Paid during the year                        |                            |    |                           |        |
| OLEAN-BRADFORD AREA YMCA<br>1101 WAYNE STREET |                            | PC | LEARNING LABS & CHILDCARE | 10,000 |

| •  |  |                                  |                                       |
|--|--|----------------------------------|---------------------------------------|
| OPEN BUFFALO<br>1327 JEFFERSON AVENUE UPPER<br>BUFFALO, NY 14208 |  | EQUITY & SOCIAL JUSTICE<br>GRANT |                                       |
|  |  |                                  | · · · · · · · · · · · · · · · · · · · |

| BUFFALO, NY 14208  |    | GRANT                              |       |
|--|----|------------------------------------|-------|
| OUR LADY OF BLACKROCK SCHOOL<br>16 PETER STREET<br>BUFFALO, NY 14207 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

7,500

| BUFFALO, NY 14208  |    |                                    |     |
|--|----|------------------------------------|-----|
| OUR LADY OF BLACKROCK SCHOOL<br>16 PETER STREET<br>BUFFALO, NY 14207 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,0 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

2,500

7,500

|   | a Paid during the year                               |    |                                  |  |
|---|--|----|----------------------------------|--|
|   | PUSH429 PLYMOUTH AVENUE SUITE 1<br>BUFFALO, NY 14213 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT |  |
| 1 |  |    |                                  |  |

| ·  |     |                                  |  |
|--|-----|----------------------------------|--|
| PARTNERSHIP FOR THE PUBLIC GOOD<br>617 MAIN STREET FLOOR 3R<br>BUFFALO, NY 14203 | PC  | EQUITY & SOCIAL JUSTICE<br>GRANT |  |
| DATTERCONLIBRARY   | DC. | 2001 DATTERSON LIBRARY           |  |

| 617 MAIN STREET FLOOR 3R<br>BUFFALO, NY 14203 |    | GRANT  |  |
|---|----|--|--|
| PATTERSON LIBRARY 40 SOUTH PORTAGE STREET     | PC | 2001 PATTERSON LIBRARY MULTI -YEAR GRANT (20TH OUT |  |

| BUFFALO, NY 14203  |  |   |     |
|--|--|---|-----|
| PATTERSON LIBRARY 40 SOUTH PORTAGE STREET WESTELL D. NV. 14787 |  | 2001 PATTERSON LIBRARY<br>MULTI -YEAR GRANT (20TH OUT | 5,0 |

| ATTERSON LIBRARY       | PC | 2001 PATTERSON LIBRARY      | 5,000 |
|------------------------|----|-----------------------------|-------|
| 0 SOUTH PORTAGE STREET |    | MULTI -YEAR GRANT (20TH OUT |       |

| 40 SOUTH PORTAGE STREET |  | MULTI -YEAR GRANT (20TH OUT |  |
|-------------------------|--|-----------------------------|--|
| WESTFIELD, NY 14787     |  | OF 20 PAYMENTS)             |  |

| WESTFIELD, NY 14787 | OF 20 PAYMENTS) |           |
|---------------------|-----------------|-----------|
| Total               | <br>▶ 3a        | 1,374,892 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year      |    |                            |       |
|-----------------------------|----|----------------------------|-------|
| PEACE OF THE CITYPO BOX 750 | PC | PRESIDENT'S DISCRETIONARY: | 1,000 |

| BUFFALO, NY 14213                                |    | OPERATIONAL                                  |        |
|--|----|--|--------|
| PEACE OF THE CITYPO BOX 750<br>BUFFALO, NY 14213 | PC | "HUMAN RESOURCES CAPACITY<br>PAYMENT 1 OF 2" | 10,000 |
| PROVIDENCE FARM COLLECTIVE                       | PC | PRESIDENT'S DISCRETIONARY                    | 2,000  |

| BUFFALO, NY 14213   |    | PAYMENT 1 OF 2"                              | 10,000 |
|---|----|--|--------|
| PROVIDENCE FARM COLLECTIVE<br>502 JEWETT HOLMWOOD ROAD<br>EAST AURORA, NY 14052 | PC | PRESIDENT'S DISCRETIONARY<br>GRANT: STIPENDS | 2,000  |

| PROVIDENCE FARM COLLECTIVE<br>502 JEWETT HOLMWOOD ROAD<br>EAST AURORA, NY 14052 | PC | PRESIDENT'S DISCRETIONARY<br>GRANT: STIPENDS | 2,000     |
|---|----|--|-----------|
| Total   |    | ▶ 3a   | 1.374.892 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                     |    |                                    |       |
|--|----|------------------------------------|-------|
| RESPONSE TO LOVE<br>130 KOSCIUSZKO ST<br>BUFFALO, NY 14212 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| BUFFALO, NY 14212  |    |                                       |        |
|--|----|---------------------------------------|--------|
| RURAL OUTREACH CENTERPO BOX 447<br>EAST AURORA, NY 14052 |    | SOCIAL WORKER POSITION PAYMENT 2 OF 2 | 54,000 |
| SENECA STREET CDC  | PC | ICAP STIPEND                          | 10,000 |

| <b>'</b>   |    |  |      |
|--|----|--|------|
| RURAL OUTREACH CENTERPO BOX 447<br>EAST AURORA, NY 14052 | PC | SOCIAL WORKER POSITION<br>PAYMENT 2 OF 2 | 54,0 |
| SENECA STREET CDC<br>1218 SENECA STREET                  | PC | ICAP STIPEND                             | 10,0 |

Total .

| EAST AURORA, NY 14052  |    | PAYMENT 2 OF 2 | ,      |
|--|----|----------------|--------|
| SENECA STREET CDC<br>1218 SENECA STREET<br>BUFFALO, NY 14210 | PC | ICAP STIPEND   | 10,000 |

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                       |  |  |        |
|--|--|--|--------|
| SENECA STREET CDC<br>1218 SENECA STREET<br>BUFFALO, NY 14210 |  | ICAP_ TECHNOLOGY AND<br>AMERICORPS SUPPORT | 15,000 |

| BUFFALO, NY 14210   |    |                       |       |
|---|----|-----------------------|-------|
| SHAKESPEARE IN THE DELAWARE PARK<br>PO BOX 716<br>BUFFALO, NY 14205 | PC | TECHNOLOGY UPGRADE    | 5,000 |
| SOUTHERN TIER COMMUNITY HEALTH                                      | PC | TRUSTEE DISCRETIONARY | 1,000 |

| PO BOX 716<br>BUFFALO, NY 14205   | ,, | TECHNOLOGY OF GRADE                        | 3,000 |
|---|----|--|-------|
| SOUTHERN TIER COMMUNITY HEALTH<br>CENTER<br>135 N UNION ST<br>OLEAN, NY 14760 | PC | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 1,000 |

| BUFFALO, NY 14205   |      |  |           |
|---|------|--|-----------|
| SOUTHERN TIER COMMUNITY HEALTH<br>CENTER<br>135 N UNION ST<br>OLEAN, NY 14760 | PC   | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 1,000     |
| Total   | <br> | ▶ 3a                                       | 1,374,892 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SOUTHERN TIER WEST DEVELOPMENT l PC FOOD FUTURE WNY REGIONAL 50,000

| CENTER FOR REGIONAL EXCELLENCE<br>4039<br>RTE 219 SUITE 200<br>SALAMANCA, NY 14779 |    | FOOD SYSTEMS PLANNING<br>INITIATIVE |    |
|--|----|-------------------------------------|----|
| ST JOHN'S AME ZION CHURCH<br>917 GARDEN AVE  | PC | COVID-19 EMERGENCY RELIEF<br>GRANT  | 2, |

| SALAMANCA, NY 14779  |    |                                    |      |
|--|----|------------------------------------|------|
| ST JOHN'S AME ZION CHURCH<br>917 GARDEN AVE<br>NIAGARA FALLS, NY 14305 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,00 |
| ST LUKE'S AME ZION CHURCH  | PC | COVID-19 EMERGENCY RELIEF          | 2.00 |

| ST JOHN'S AME ZION CHURCH<br>917 GARDEN AVE<br>NIAGARA FALLS, NY 14305 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |
|--|----|------------------------------------|-------|
| ST LUKE'S AME ZION CHURCH  | PC | COVID-19 EMERGENCY RELIEF          | 2,000 |

| 917 GARDEN AVE<br>NIAGARA FALLS, NY 14305                            |    | GRANT                              |       |
|--|----|------------------------------------|-------|
| ST LUKE'S AME ZION CHURCH<br>314 E FERRY STREET<br>BUFFALO, NY 14208 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000 |

| ST LUKE'S AME ZION CHURCH<br>314 E FERRY STREET<br>BUFFALO, NY 14208 | PC   | COVID-19 EMERGENCY RELIEF<br>GRANT | 2,000     |
|--|------|------------------------------------|-----------|
| Total  | <br> | ▶ 3a                               | 1,374,892 |

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution status of contribution

recipient

▶ 3a

1,374,892

any foundation manager

or substantial contributor

Name and address (home or business)

| a Paid during the year  |    |   |        |
|---|----|---|--------|
| ST LUKE'S EPISCOPAL CHURCH<br>410 N MAIN STREET<br>JAMESTOWN, NY 14701  | PC | COVID-19 EMERGENCY RELIEF<br>GRANT JAMESTOWN MOBILE<br>MARKET | 2,000  |
| ST PHILLIPS EPISCOPAL CHURCH<br>15 FERNHILL STREET<br>BUFFALO, NY 14215 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT                            | 2,000  |
| THE CHAUTAUQUA CENTER<br>319 CENTRAL AVE SUITE B<br>DUNKIRK, NY 14048   | PC | COVID-19 EMERGENCY RELIEF<br>GRANT                            | 10,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

| TORN ORACE THEATER                      |    | DEVELOPMENT CONCULTANT | 20.000 |
|---|----|------------------------|--------|
| P O BOX 4062<br>NIAGARA FALLS, NY 14304 |    |                        |        |
| THE NIAGARA FALLS CHAPTER THE LINKS INC | PC | COVID-19 GRANT         | 2,000  |
| a raid during the year                  |    |                        |        |

| NIAGARA FALLS, NY 14304                                     |    |   |        |
|---|----|---|--------|
| TORN SPACE THEATER<br>612 FILLMORE AVE<br>BUFFALO, NY 14212 | PC | DEVELOPMENT CONSULTANT<br>(PAYMENT 1/2) | 20,000 |
| UB FOUNDATION   | PC | 2020 MOOT EVIDENCE AWARD                | 1,000  |

| TORN SPACE THEATER<br>612 FILLMORE AVE<br>BUFFALO, NY 14212     | PC | DEVELOPMENT CONSULTANT<br>(PAYMENT 1/2) | 20,000 |
|---|----|---|--------|
| UB FOUNDATION<br>319 JOHN LORD OBRIAN HALL<br>BUFFALO, NY 14206 | PC | 2020 MOOT EVIDENCE AWARD                | 1,000  |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UJIMA THEATRE COMPANY INC PC MANAGING DIRECTOR POSITION 15,000 429 PLYMOUTH AVENUE SUITE 2 (PAYMENT 1 OF 2)

| BUFFALO, NY 14213  |    | ,  |        |
|--|----|--|--------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | CHAUTAUQUA STRIDERS  | 10,000 |
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | WESTMINISTER ECONOMIC DEVELOPMENT INITATIVE, SENECA STREET COMMUNITY DEVELOPMENT CORPORATION, CORNELL COOPERATIV | 38,000 |

| 742 DELAWARE AVENUE<br>BUFFALO, NY 14209   |    |  |           |
|--|----|--|-----------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | WESTMINISTER ECONOMIC DEVELOPMENT INITATIVE, SENECA STREET COMMUNITY DEVELOPMENT CORPORATION, CORNELL COOPERATIV EXTENSION OF NIAGARA COUNTY, WEST SIDE COMMUNITY SERVICES | 38,000    |
| Total  |    |  | 1,374,892 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209  PC ICAP CONVENINGS (3) 1,500 | a Paid during the year        |    |                     |       |
|---|-------------------------------|----|---------------------|-------|
|   | COUNTY<br>742 DELAWARE AVENUE | PC | ICAP CONVENINGS (3) | 1,500 |

| BUFFALO, NY 14209  |    |                    |       |
|--|----|--------------------|-------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | GENERAL OPERATIONS | 2,000 |
| UNITED WAY OF BUFFALO & ERIE   | PC | MUSICALFARE        | 9,500 |

| 742 DELAWARE AVENUE<br>BUFFALO, NY 14209   |    |             |       |
|--|----|-------------|-------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | MUSICALFARE | 9,500 |

1,374,892

| BUFFALO, NY 14209  |    |             |     |
|--|----|-------------|-----|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | MUSICALFARE | 9,5 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| a raid during the year   |    |                                      |       |
|--|----|--------------------------------------|-------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | WESTERN NEW YORK BOOK<br>ARTS CENTER | 9,500 |
| UNITED WAY OF BUFFALO & ERIE COUNTY  | PC | PROVIDENCE FARM COLLECTIVE           | 9,500 |

| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | PROVIDENCE FARM COLLECTIVE | 9,500  |
|--|----|----------------------------|--------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE                      | PC | COMMUNICATIONS CONSULTING  | 30,000 |

| COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209            |    |                           |      |
|---|----|---------------------------|------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE | PC | COMMUNICATIONS CONSULTING | 30,0 |

Total .

| BUFFALO, NY 14209  |    |                           |        |
|--|----|---------------------------|--------|
| UNITED WAY OF BUFFALO & ERIE<br>COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209 | PC | COMMUNICATIONS CONSULTING | 30,000 |
|  |    |                           |        |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| UNITED WAY OF GREATER ROCHESTER<br>75 COLLEGE AVENUE<br>ROCHESTER, NY 14607 | PC | WNYNSG INTERMEDIARY<br>PROJECT | 5,000 |
|---|----|--------------------------------|-------|
| UNITED WAY OF SOUTHERN  | PC | PRESIDENT'S DISCRETIONARY:     | 1,000 |

| UNITED WAY OF SOUTHERN<br>CHAUTAUQUA COUNTY<br>135 N UNION ST<br>OLEAN, NY 14760 | PC | PRESIDENT'S DISCRETIONARY:<br>OPERATIONAL | 1,000  |
|--|----|---|--------|
| UNIVERSAL PRIMARY CARE<br>135 N UNION ST   | PC | COVID-19 EMERGENCY RELIEF<br>GRANT        | 10,000 |

| 135 N UNION ST<br>OLEAN, NY 14760                           |  |                                    |        |
|---|--|------------------------------------|--------|
| UNIVERSAL PRIMARY CARE<br>135 N UNION ST<br>OLEAN, NY 14760 |  | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |

1,374,892

| UNIVERSAL PRIMARY CARE<br>135 N UNION ST<br>OLEAN, NY 14760 | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,0 |
|---|----|------------------------------------|------|
|   |    |                                    |      |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

|  | or substantial contributor |    |                                  |       |
|--|----------------------------|----|----------------------------------|-------|
| a Paid during the year                                       |                            |    |                                  |       |
| VOICE BUFFALO<br>2495 MAIN ST SUITE 547<br>BUFFALO, NY 14214 |                            | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 7,500 |

| WEDI DEVELOPMENT INITIATIVE 724 DELAWARE AVENUE BUFFALO, NY 14209 | PC | ICAP STIPEND | 10,000 |
|---|----|--------------|--------|
| WESTERN NEW YORK BOOK ARTS  | PC | ICAP STIPEND | 10,000 |

| DELAWARE<br>AVENUE<br>BUFFALO, NY 14209  |    |              |        |
|--|----|--------------|--------|
| WESTERN NEW YORK BOOK ARTS<br>CENTER<br>468 WASHINGTON STREET<br>BUFFALO, NY 14203 | PC | ICAP STIPEND | 10,000 |

▶ 3a

1,374,892

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year  |     |   |        |
|---|-----|---|--------|
| WESTERN NEW YORK LAND<br>CONSERVANCY<br>PO BOX 471<br>EAST AURORA, NY 14052 |     | TRUSTEE DISCRETIONARY<br>GRANT: FRIENDS OF THE<br>COLLEGE LODGE FOREST<br>CHALLENGE GRANT | 5,000  |
| WESTERN NEW YORK LAW SENTER   | DC. | CTRATECIC ALLIANCE (DAYMENT   | 10.000 |

| EAST AURORA, NY 14052   |    | CHALLENGE GRANT                  |        |
|---|----|----------------------------------|--------|
| WESTERN NEW YORK LAW CENTER<br>37 MAIN STREET SUITE 1130<br>BUFFALO, NY 14203 | PC | STRATEGIC ALLIANCE (PAYMENT 1/2) | 10,000 |
| WESTERN NEW YORK LAW CENTER   | PC | EQUITY & SOCIAL JUSTICE          | 2,500  |

| WESTERN NEW YORK LAW CENTER 37 MAIN STREET SUITE 1130 BUFFALO, NY 14203       | PC | 1/2)                             | 10,000 |
|---|----|----------------------------------|--------|
| WESTERN NEW YORK LAW CENTER<br>37 MAIN STREET SUITE 1130<br>BUFFALO, NY 14203 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 2,500  |

| Total  |    | ▶ 3a                             | 1,374,892 |
|--|----|----------------------------------|-----------|
| WESTERN NEW YORK LAW CENTER<br>37 MAIN STREET SUITE 1130 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 2,500     |
| BUFFALO, NY 14203  |    |                                  |           |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

| Name and address (nome or business) | or substantial contributor |    |                             |       |
|-------------------------------------|----------------------------|----|-----------------------------|-------|
| a Paid during the year              |                            |    |                             |       |
| WNY HEROES INC8205 MAIN ST STE 1    |                            | PC | HELLO FRESH DELIVERY TO WNY | 1,100 |

| WILLIAMSVILLE, NY 14221               |    | VETERANS                         |       |
|---------------------------------------|----|----------------------------------|-------|
| WNY PEACE CENTER<br>1272 DELAWARE AVE | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 2,500 |
| RUEENIO NV 14300                      |    |                                  |       |

| WNY PEACE CENTER<br>1272 DELAWARE AVE<br>BUFFALO, NY 14209 | PC | EQUITY & SOCIAL JUSTICE<br>GRANT | 2,500 |
|--|----|----------------------------------|-------|
| YMCA CAMP ONYAHSA  | PC | TRUSTEE DISCRETIONARY            | 4,000 |

| BUFFALO, NY 14209  |  |  |       |
|--|--|--|-------|
| YMCA CAMP ONYAHSA<br>101 EAST FOURTH ST<br>JAMESTOWN, NY 14701 |  | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 4,000 |

1,374,892

| YMCA CAMP ONYAHSA<br>101 EAST FOURTH ST<br>JAMESTOWN, NY 14701 |  | TRUSTEE DISCRETIONARY<br>GRANT: OPERATIONS | 4,00 |
|--|--|--|------|
|  |  |  |      |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

recipient

▶ 3a

1,374,892

any foundation manager

Name and address (home or business)

JAMESTOWN, NY 14701

| ,   | or substantial contributor |    |                                    |        |
|---|----------------------------|----|------------------------------------|--------|
| a Paid during the year  |                            |    |                                    |        |
| YMCA CAMP ONYAHSA<br>101 EAST FOURTH ST<br>JAMESTOWN, NY 14701  |                            | PC | RESIDENT CAMP CABIN<br>RENOVATIONS | 10,000 |
| YWCA OF GENESEE COUNTY<br>301 NORTH STREET<br>BATAVIA, NY 14020 |                            | PC | COVID-19 EMERGENCY RELIEF<br>GRANT | 10,000 |
| YWCA OF JAMESTOWN<br>401 N MAIN STREET                          |                            | PC | EQUITY & SOCIAL JUSTICE<br>GRANT   | 7,500  |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491210001091                        |          |       |       |  |       |  |  |
|---|----------|-------|-------|--|-------|--|--|
| TY 2020 Accounting Fe   | es Sched | dule  |       |  |       |  |  |
|   |          |       |       |  |       |  |  |
| Name: THE WESTERN NEW YORK FOUNDATION EIN: 16-0845962   |          |       |       |  |       |  |  |
| Category Amount Net Investment Adjusted Net Disbursements Income Income For Charitable Purposes |          |       |       |  |       |  |  |
| ACCOUNTING FEES   |          | 4,965 | 1,241 |  | 3,724 |  |  |

| effile GRAPHIC Print - DO NOT PROCESS | AS Filed Data - | DLN: 93491210001091 |
|---------------------------------------|-----------------|---------------------|
|                                       |                 |                     |
|                                       |                 |                     |

## **TY 2020 Investments Corporate Stock Schedule**

Name: THE WESTERN NEW YORK FOUNDATION

**EIN:** 16-0845962

| Investments Corporation Stock Schedule                      |                           |                                  |  |  |
|---|---------------------------|----------------------------------|--|--|
| Name of Stock   | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |
| 4226 SHS - ISHARES TIP BOND                                 | 530,363                   | 530,363                          |  |  |
| 6279 SHS - ISHARES CORE S&P MID ETF                         | 1,634,298                 | 1,634,298                        |  |  |
| 8545 SHS - ISHARES CORE S&P EFT SMALLCAP                    | 927,389                   | 927,389                          |  |  |
| 28178 SHS - ISHARES CORE MSCI ETF EAFE ETF                  | 2,030,225                 | 2,030,225                        |  |  |
| 21821 SHS - ISHARES RUSSELL ETF MIDCAP                      | 1,613,227                 | 1,613,227                        |  |  |
| 9951 SHS - ISHARES ETF US REAL ESTATE                       | 914,895                   | 914,895                          |  |  |
| 7929 SHS - VANGUARD SMALL CAP ETF                           | 1,697,440                 | 1,697,440                        |  |  |
| 46788 SHS - VANGUARD TOTAL STOCK MARKET ETF                 | 9,670,612                 | 9,670,612                        |  |  |
| 23959 SHS - ISHARES CORE MSCI ETF EMERGING MARKETS ETC IEMG | 1,542,001                 | 1,542,001                        |  |  |
| 12517 SHS - VANGUARD FTSE ETF DEVELOPED MARKETS ETF         | 614,710                   | 614,710                          |  |  |

| ellie GRAPHIC PHIIL - DO NOT PROCESS | AS Flied Data - | DLN. 93491210001091 |
|--------------------------------------|-----------------|---------------------|
|                                      |                 |                     |
| TY 2020 Investments - Other S        | Schedule        |                     |
|                                      |                 |                     |
|                                      |                 |                     |

DIN. 02/01210001001

Name: THE WESTERN NEW YORK FOUNDATION

**EIN:** 16-0845962

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| Investments Other Schedule 2                    |                       |            |                                  |  |  |
|---|-----------------------|------------|----------------------------------|--|--|
| Category/ Item                                  | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |  |  |
| TRUBEE COLLINS & CO INC CERTIFICATES OF DEPOSIT | AT COST               | 650,113    | 650,113                          |  |  |
| LAUNCHNY LP FUND                                | AT COST               | 50,625     | 50,625                           |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                     | DLN: 93491210001091 |  |
|--------------------------------------|-----------------|---------------------|---------------------|--|
| TY 2020 Other Decreases Schedule     |                 |                     |                     |  |
|                                      |                 |                     |                     |  |
| Name:                                | THE WESTERN     | NEW YORK FOUNDATION |                     |  |
| EIN:                                 | 16-0845962      |                     |                     |  |
| Description                          |                 |                     | Amount              |  |
|                                      |                 |                     |                     |  |

ACCRUAL TO CASH ADJUSTMENT

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                      |                          | DLN                    | i: 93491210001091                           |  |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2020 Other Expenses Schedule      |                                      |                          |                        |   |  |
|                                      |                                      |                          |                        |   |  |
| Name:                                | THE WESTERN                          | NEW YORK FOUN            | IDATION                |   |  |
| EIN:                                 | 16-0845962                           |                          |                        |   |  |
| Other Expenses Schedule              |                                      |                          |                        |   |  |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |

1,355

2,438

2,201

394

926

585

184

40

2,434

0

0

0

0

0

0

0

0

1,355

2,438

2,201

926

588

184

40

2,434

394

COMPUTER EXPENSES

**INSURANCE** 

**POSTAGE** 

SUPPLIES

WEBSITE

**TELEPHONE** 

OTHER FEES

**MISCELLANEOUS** 

**DUES & SUBSCRIPTIONS** 

PAYROLL SERVICE FEE & BANK FEES

As Filed Data -

Name: THE WESTERN NEW YORK FOUNDATION

**EIN:** 16-0845962

LITIGATION SETTLEMENTS

Other Income Schedule

325

Adjusted Net Income

DLN: 93491210001091

Description

Revenue And

Net Investment Income

325

efile GRAPHIC print - DO NOT PROCESS

**Expenses Per Books** 

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                     | DLN: 93491210001091 |  |
|--------------------------------------|-----------------|---------------------|---------------------|--|
| TY 2020 Other Increases Schedule     |                 |                     |                     |  |
|                                      |                 |                     |                     |  |
| Name:                                | THE WESTERN     | NEW YORK FOUNDATION |                     |  |
| EIN:                                 | 16-0845962      |                     |                     |  |
| Other Increases Schedule             |                 |                     |                     |  |
| De                                   | escription      |                     | Amount              |  |
| UNREALIZED GAIN/LOSS                 |                 |                     | 7,474,399           |  |

| efile GRAPHIC print - DO NOT PROCI                    | ESS                                      | As Filed Data | -                        | DLI                    | N: 93491210001091                           |  |
|---|--|---------------|--------------------------|------------------------|---|--|
| TY 2020 Other Profession                              | TY 2020 Other Professional Fees Schedule |               |                          |                        |   |  |
|   |  |               |                          |                        |   |  |
| Name: THE WESTERN NEW YORK FOUNDATION EIN: 16-0845962 |  |               |                          |                        |   |  |
| Category  |  | Amount        | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |

31,098

188

562

31,098

750

INVESTMENT MANAGEMENT FEES

CONSULTING

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data                         | <u>-</u>                 | DL                     | N: 93491210001091                           |  |
|--------------------------------------|---------------------------------------|--------------------------|------------------------|---|--|
| TY 2020 Taxes Schedule               |                                       |                          |                        |   |  |
|                                      |                                       |                          |                        |   |  |
| Name                                 | Name: THE WESTERN NEW YORK FOUNDATION |                          |                        |   |  |
| EII                                  | <b>N:</b> 16-0845962                  |                          |                        |   |  |
| Taxes Schedule                       |                                       |                          |                        |   |  |
| Category                             | Amount                                | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| FEDERAL EXCISE TAXES                 | 2,000                                 | 0                        |                        | 0   |  |
| NYS FILING FEE                       | 750                                   | 0                        |                        | 0   |  |

| efile GRAPHIC print - DO   | NOT PROCESS As Filed Data   | -  |  | DLN: 93491210001091  |  |  |
|--|---|--|--|--|--|--|
| Schedule B   | Schee   | dule of Contributors   |  | OMB No. 1545-0047  |  |  |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service  |   | to Form 990, 990-EZ, or 990-PF.<br>.gov/Form990 for the latest infor   | mation.  | 2020   |  |  |
| Name of the organization<br>THE WESTERN NEW YORK   | FOUNDATION  |  | Employer id  | dentification number   |  |  |
| Organization type (chec  | k one).   |  | 16-0845962   |  |  |  |
| organization type (enec  |   |  |  |  |  |  |
| Filers of:   | Section:  |  |  |  |  |  |
| Form 990 or 990-EZ   | ☐ 501(c)( ) (enter number   | ) organization   |  |  |  |  |
|  | 4947(a)(1) nonexempt ch   | naritable trust <b>not</b> treated as a p  | orivate foundation   |  |  |  |
|  | ☐ 527 political organization  |  |  |  |  |  |
| Form 990-PF  | <b>✓</b> 501(c)(3) exempt private   | foundation   |  |  |  |  |
|  | ☐ 4947(a)(1) nonexempt ch   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |
|  | 501(c)(3) taxable private   | foundation   |  |  |  |  |
|  | ion filing Form 990, 990-EZ, or 990<br>property) from any one contributor.  |  |  |  |  |  |
| Special Rules  |   |  |  |  |  |  |
| under sections 50 received from any  | on described in section 501(c)(3) fil<br>9(a)(1) and 170(b)(1)(A)(vi), that c<br>one contributor, during the year, t<br>1h, or (ii) Form 990-EZ, line 1. Co                                   | hecked Schedule A (Form 990 otal contributions of the greater  | or 990-EZ), Part II, line 13,  | , 16a, or 16b, and that  |  |  |
| during the year, to  | on described in section 501(c)(7), (<br>tal contributions of more than \$1,0<br>ne prevention of cruelty to children  | 000 <i>exclusively</i> for religious, ch   | aritable, scientific, literary, d  |  |  |  |
| during the year, could be during the year. | on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00 | s, charitable, etc., purposes, bu<br>ons that were received during th<br><b>General Rule</b> applies to this o | ut no such contributions tota<br>ne year for an <i>exclusively</i> re<br>rganization because it rece | aled more than \$1,000.<br>eligious, charitable, etc.,<br>ived <i>nonexclusively</i> |  |  |
| 990-EZ, or 990-PF), but it   | that isn't covered by the General I<br>must answer "No" on Part IV, line<br>rt I, line 2, to certify that it doesn't r  | e 2, of its Form 990; or check th  | ne box on line H of its Form   |  |  |  |
| For Paperwork Reduction Ac   | t Notice, see the Instructions  | Cat. No. 30613X  | Schedule B (Form 990   | ), 990-EZ, or 990-PF) (2020)   |  |  |

for Form 990, 990-EZ, or 990-PF.

Employer identification number

| HE WESTERN NE          | W YORK FOUNDATION  | 16-0845962                 |  |
|------------------------|--|----------------------------|--|
| Part I<br>Contributors | Contributors (see instructions). Use duplicate copies of Part I if add | litional space is needed.  |  |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1                      | ANNE MOOT 168 LEICESTER ROAD  KENMORE, NY 14217                        | \$ 41,600                  | Person Payroll Noncash (Complete Part II for noncash                 |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4                                      | (c) Total contributions    | contributions.) (d) Type of contribution                             |
|                        |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
|                        |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
|                        |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
|                        |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution  |
|                        |  | \$ Schodula P. (5          | Person Payroll Noncash (Complete Part II for noncash contributions.) |
|                        |  | Scheaule B (Fo             | orm 990, 990-EZ, or 990-PF) (2020)                                   |